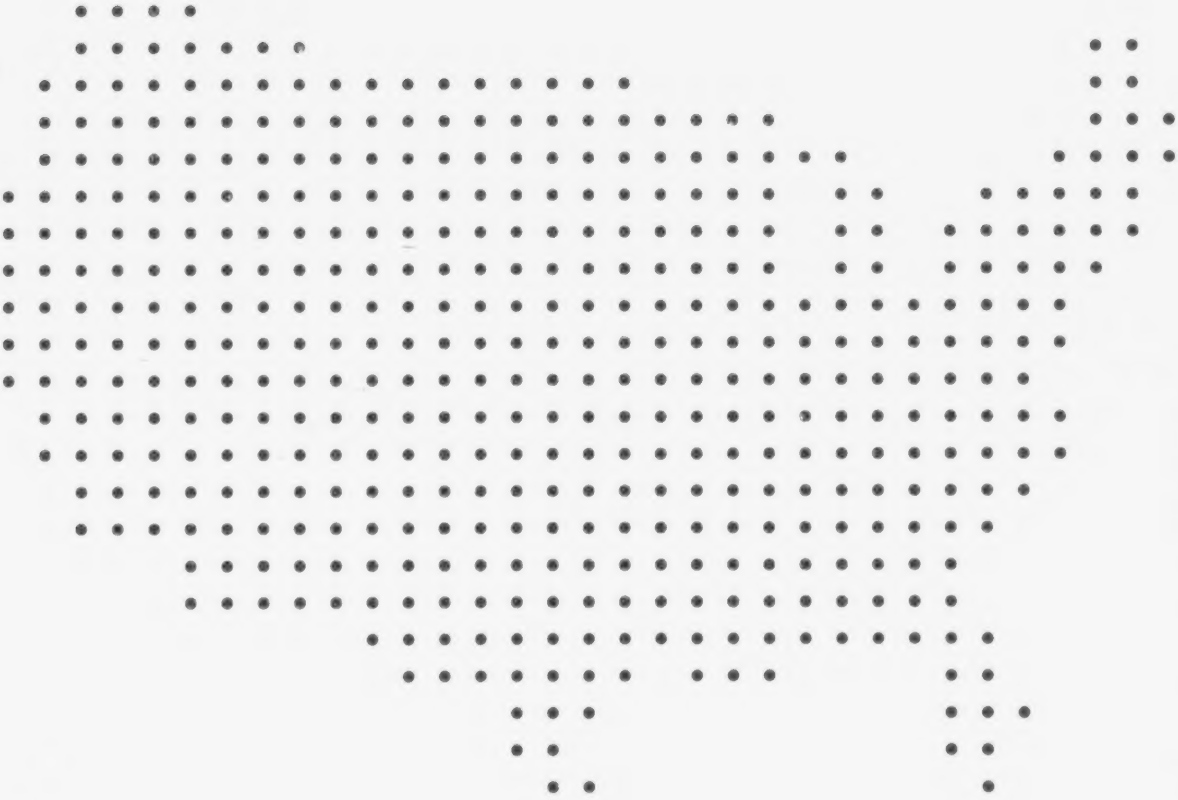
PREVENTION IN AMERICA 9:

Steps People Take—or Fail to Take—For Better Health

Conducted for **Prevention**® Magazine



A Survey by Louis Harris and Associates, Inc.

Study No. 912059

PREVENTION IN AMERICA IX:
STEPS PEOPLE TAKE — OR FAIL
TO TAKE — FOR BETTER HEALTH

Conducted for:

Prevention Magazine

Fieldwork:

November-December 1991

Project Directors:

Humphrey Taylor, President
Robert Leitman, Senior Vice President
Susan Barnett, Research Associate

LOUIS HARRIS AND ASSOCIATES, INC.
630 FIFTH AVENUE
NEW YORK, NEW YORK 10111
212-698-9600

CONTENTS

Page

INTRODUCTION.. 1
  Accuracy, Sampling Error, and Other Sources of Error.... 1
  A Note on Reading the Tables........................... 2
  Public Release of Survey Findings...................... 3
  Project Responsibility and Acknowledgments............. 3

EXECUTIVE SUMMARY... 4

CHAPTER 1: OVERALL TRENDS IN PREVENTIVE HEALTH HABITS.............. 16
  Self-Reported Health Status............................ 16

CHAPTER 2: EXERCISE AND WEIGHT CONTROL............................. 20
  Exercise... 20
  Weight Control... 20

CHAPTER 3: NUTRITION.. 29
  Nutrition and Exercise................................. 30

CHAPTER 4: REGULAR MEDICAL EXAMS.................................. 35
  Blood Pressure Reading................................. 35
  Cholesterol Testing.................................... 35
  Dental Check-Ups....................................... 36
  Pap Smear, Breast Self-Exam, and Mammography for Women.. 36

CHAPTER 5: STRESS... 46
  Feelings of Stress..................................... 46
  Steps People Take To Control Stress.................... 47

CHAPTER 6: SMOKING AND TOBACCO USE................................ 52
  Smoking and Nonsmoking................................. 52
  Cigarette Smoking...................................... 53

CHAPTER 7: ALCOHOL AND DRUG USE................................... 60
  Alcohol Use.. 60
  Drug Use... 61
  Relationship Among Alcohol, Tobacco, and Drug Use...... 62

CHAPTER 8: HOME SAFETY PRECAUTIONS................................ 68
  Safety in the Home..................................... 68

CHAPTER 9: AUTO SAFETY.. 73
  Auto Safety.. 73

(CONTINUED)

CONTENTS (CONTINUED)

Page

CHAPTER 10: HEALTH INSURANCE.. 81
Health Insurance Coverage.. 81
Support For Universal Health Insurance................. 82
Preventive Care From A Doctor.............................. 82

APPENDIX A: METHODOLOGY.. 88
Introduction.. 89
Random-Digit Dialing... 90
Sample Development.. 91
Stratification of Telephone Sample...................... 92
Control of the Sample.. 93
Respondent Selection... 93
Callback Strategy.. 93
Weighting... 94
Sampling Error.. 95
Significance of Difference Between Proportions.......... 96

APPENDIX B: THE QUESTIONNAIRE.................................... 100

TABLES

TABLE Page

S-1 TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS (1983-1991)...12

S-2 TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS (1984-1991)...15

CHAPTER 1: OVERALL TRENDS IN PREVENTIVE HEALTH HABITS

1-1 TRENDS IN TWENTY-FOUR PREVENTIVE HABITS.......................17

1-2 PERCENT OF PREVENTIVE HABITS PRACTICED BY VARIOUS DEMOGRAPHIC GROUPS...18

1-3 SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS..............19

CHAPTER 2: EXERCISE AND WEIGHT CONTROL

2-1 REGULAR EXERCISE...22

2-2 FREQUENCY OF STRENUOUS EXERCISE..............................23

2-3 DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK...................................24

2-4 PERCENT OF ADULTS WHO ARE OVERWEIGHT, WITHIN THE RECOMMENDED WEIGHT RANGE, AND UNDERWEIGHT................................26

2-5 PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE...27

CHAPTER 3: NUTRITION

3-1 TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION..............32

3-2 NUTRITION INDEX BY EXERCISE BEHAVIOR..........................33

3-3 NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS.......34

(CONTINUED)

TABLES

TABLE Page

CHAPTER 4: REGULAR MEDICAL EXAMS

4-1 TRENDS IN MEDICAL EXAMS AND TESTS.............................39

4-2 THREE TYPES OF EXAMS OR TESTS BY DEMOGRAPHIC CHARACTERISTICS..40

4-3 TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN.......................42

4-4 WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS..........43

4-5 MEDICAL EXAMS OR TESTS BY HEALTH INSURANCE COVERAGE...........45

CHAPTER 5: STRESS

5-1 TRENDS IN SOME ASPECTS OF STRESS..............................48

5-2 WHO TAKES STEPS TO CONTROL STRESS.............................49

5-3 PERCENTAGE OF THOSE WHO FEEL UNDER GREAT STRESS SEVERAL DAYS A WEEK OR MORE BY AGE..51

CHAPTER 6: SMOKING AND TOBACCO USE

6-1 TRENDS IN SMOKING AND NONSMOKING..............................54

6-2 PERCENT OF THOSE RESTRICTING THEIR TOBACCO USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS.............55

6-3 TOBACCO USE...57

6-4 TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS: SMOKERS VS. NONSMOKERS..58

CHAPTER 7: ALCOHOL AND DRUG USE

7-1 TRENDS IN USE OF ALCOHOL AND DRUGS............................63

7-2 PERCENT OF THOSE RESTRICTING THEIR ALCOHOL AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS.64

7-3 PERCENT OF THOSE WHO NEVER USE ILLEGAL DRUGS BY AGE (1984, 1987, 1988, 1989, 1990, 1991)..................................66

7-4 RELATIONSHIP AMONG PRACTICES OF RESTRICTING ALCOHOL, TOBACCO, AND DRUG USE...67

(CONTINUED)

TABLES

TABLE Page

CHAPTER 8: HOME SAFETY PRECAUTIONS

8-1 TRENDS IN SOME ASPECTS OF SAFETY AT HOME......................70
8-2 PERCENTAGE OF THOSE TAKING SAFETY PRECAUTIONS AT HOME BY DEMOGRAPHIC CHARACTERISTICS..................................71
8-3 CHANGE IN USE OF SMOKE DETECTORS (1983, 1986, 1988, 1990, 1991)...72

CHAPTER 9: AUTO SAFETY

9-1 TRENDS IN SOME ASPECTS OF AUTO SAFETY.........................76
9-1A SEAT BELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA..........77
9-2 PERCENT OF THOSE AUTO SAFETY PRECAUTIONS BY DEMOGRAPHIC CHARACTERISTICS...79

CHAPTER 10: HEALTH INSURANCE

10-1 WHETHER AMERICANS CURRENTLY HAVE HEALTH INSURANCE.............84
10-2 WHETHER AMERICANS SUPPORT UNIVERSAL HEALTH COVERAGE FUNDED BY TAX DOLLARS BY DEMOGRAPHIC CHARACTERISTICS....................85
10-3 WHETHER AMERICANS SOUGHT PREVENTIVE CARE IN THE PAST YEAR BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE ITEMS..........86
10-4 WHETHER AMERICANS SUPPORT UNIVERSAL HEALTH INSURANCE AND SOUGHT PREVENTIVE CARE BY HEALTH INSURANCE COVERAGE...........87

APPENDIX A: METHODOLOGY

A-1 PROFILE OF THE 1991 ADULT SAMPLE.............................99

INTRODUCTION

This is the ninth annual survey of the American public commissioned by Prevention Magazine, a publication of Rodale Press, as part of an ongoing project known as the Prevention Index. Each year the Prevention Index measures the efforts Americans are making to promote and enhance good health and longevity and to safeguard themselves from accidents and diseases.

In order to examine the ways in which Americans are conducting their lives, Louis Harris and Associates interviewed 1,256 randomly selected adults across the country by telephone, from November 20 through December 5, 1991. The interviews focused on several risk factors and health habits which are believed to influence the long-term health of Americans. In each of the nine annual surveys, twenty-four key factors have been highlighted, providing the Prevention Index with powerful trend data and analysis.

In addition to tracking key trends, the 1991 survey examines issues relating to health insurance for Americans. The detailed survey methodology and a copy of the questionnaire are included as an appendix to this report.

Accuracy, Sampling Error, and Other Sources of Error

All surveys are subject to a variety of sources of error, and it is fashionable for the media to include in their reports of surveys such phrases as "This survey has a margin of +/- 3%." Unfortunately, this valiant attempt to educate readers is more likely to mislead them. Even a census is susceptible to several different sources of error, most of which cannot be accurately estimated.

Even the best designed surveys are liable to several possible sources of error. The most important are:

- Nonresponse (if those who are interviewed differ from those who are not interviewed).
- Random or sampling error, which may in theory be substantial, even on very large surveys. Contrary to the impression given by the typical media caveat, there is no way to calculate the maximum possible error for any survey. All we deal in are probabilities.
- Question wording, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Even in the best survey organizations, human errors can creep in which are virtually impossible to quantify. Such human errors include less-than-perfect interviewing and inappropriate weighting of the data. Fortunately, nobody believes that polls are infallible, and there is certainly nothing wrong with the media reminding their readers and viewers of our fallibility.

The results of this survey, therefore, like the results of all surveys and all censuses, are susceptible to a variety of sources of error, some of which cannot be quantified. However, the results presented in this report do reflect the most reliable information available.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

Project Responsibility and Acknowledgments

Louis Harris and Associates would also like to thank *Prevention* magazine, Richard Porter, *Prevention*'s publisher, and Tom Dybdahl, who manages the project for *Prevention*, for their continued support.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation of the report.

The Harris team responsible for the design and analysis of the questionnaire was Humphrey Taylor, President; Robert Leitman, Senior Vice President; and Susan Barnett, Research Associate.

EXECUTIVE SUMMARY

The 1991 Prevention Index is the latest measurement of America's progress in practicing preventive health habits. This year's Index once again shows that the average adult American practices approximately two-thirds of the twenty-four behavior items that the series has tracked since 1983. Older Americans and those in higher socioeconomic groups are the most likely to practice more than three-quarters of the preventive habits. The general slackening in attention to good health habits, which was first noted last year, is still noticeable although there are also areas of improvement, which are described below.

Some risk-factors are much easier to change than others:

Many of the hopes of the 1970's and 1980's regarding Americans' adopting healthier lifestyles (healthier eating habits, exercising, and less smoking) may have been overly optimistic. The Prevention Index of the last nine years has shown that changes in several important risk-behaviors are extremely difficult to achieve.

In the area of medical exams, there has been modest progress in the proportion of Americans reporting annual blood pressure and annual cholesterol exams (up 3 points since 1983 and up 8 points since 1985, respectively). Women's exams are also showing only modest gains (pap smears every other year are up 6 points and monthly breast self-exams are up 11 points). For each of these four exams, large numbers of people do not follow the appropriate preventive procedures.

Changes in risk-behaviors since 1983 have been even less substantial. Smoking among adults has dropped only 5 points (from 30% to 25%). Strenuous exercise is up only 3 points (to 37%). The proportion of overweight adults has actually increased five points to 63% of Americans over the last nine years.

Attention to good nutrition habits has also changed relatively little over the last nine years. While the proportion who "try a lot" not to eat too many high cholesterol foods is up 8 points, those trying not to eat too much fat is up only 2 points, and those trying to eat enough fiber is actually down 2 points since 1983. (These 2 point changes are too small to be statistically significant and may reflect "no change".)

The most dramatic areas of improvement have been brought about not by lifestyle changes, but by technology, legislation and government. Mandatory seat belt legislation has triggered more than a three-fold increase in the proportion of Americans who report wearing a seat belt when in the front seat of a car from 19% in 1983 to 69% in 1991. Also remarkable is the rise in the proportion of Americans who equip their homes with smoke detectors — up 21 points from 67% in 1983 to 88% in 1991. The proportion who admit they drink and drive has also fallen sharply over the same period — from 30% to 21%. Experts have attributed this change to tougher law enforcement.

These results clearly show that legislation and law enforcement can cause huge changes in behavior. Use of new and painless technology can also grow rapidly. Unfortunately for the health and fitness movement, lifestyle changes requiring self-discipline are very tough to bring about.

SMOKING BEHAVIOR (See Chapter 6)

Since the beginning of the Prevention Index in 1983, there has been a slow but steady decline in the proportion of Americans who smoke. In 1983, 30% said they smoked cigarettes. In 1991, a significantly lower 25% report practicing this behavior, down one percentage point from last year. The average decline is only a little above one half of one percentage point each year.

ALCOHOL CONSUMPTION (See Chapter 7)

Nearly four in ten Americans (39%) say they never consume alcoholic beverages. This figure represents a five point increase over 1983's finding of 34%, and a two point rise over last year's finding of 37%. The drop in alcohol consumption appears to have occurred particularly among moderate drinkers. In 1991, half of Americans say they drink, on average, one to three drinks on a day they drink, compared with a higher 54% reporting the same level of alcohol consumption nine years ago.

ILLEGAL DRUG USE (See Chapter 7)

After five years of improvement, the proportion of Americans who report they never use illegal drugs has not changed significantly. In 1991, 95% of American adults say they never use such drugs, representing a rise of four points over 1985's finding of 91%, and not significantly different from last year's high of 96%. Similarly, the proportion reporting illegal drug use rose insignificantly from 4% to 5% in the last year.

STRESS (See Chapter 5)

The proportion of Americans who report that they experience stress at least once a week has risen seven percentage points over the last nine years from 55% in 1983 to 62% in 1991. At the same time that Americans are increasingly experiencing stress, they are also taking steps to manage this stress in greater numbers. In 1983, 59% said they took steps to control or reduce the stress in their life. In 1991, this proportion has risen to 66%, representing a one point rise over last year.

EXERCISE (See Chapter 2)

The proportion of Americans who exercise regularly has remained stable over the last seven years. In 1991, as in 1985, just over three-quarters (77%) of adults say they get some regular exercise. Participation in strenuous exercise may, however, have increased slightly over the same period. In 1991, 37% of adults exercise strenuously at least three days a week, up three points from 1983's and 1990's findings of 34%. Younger, better educated and more affluent adults and men are more likely to get frequent strenuous exercise.

NUTRITION (See Chapter 3)

This year's Prevention Index continues to show that Americans are paying less and less attention to good nutritional habits. The most notable areas of decline in the last year are in the proportions of Americans who "try a lot" to get enough fiber, avoid too much salt or sodium, avoid too much sugar, and avoid caffeine in beverages (each down three points).

Two exceptions to this generally bleak picture, however, include increased vigilance regarding fat and cholesterol intake. Although these two areas have not changed significantly since 1990 (each up one point), they are the only categories which have increased at all since the first Prevention Index in 1983 — up 8% for avoiding high cholesterol foods and up 2% for avoiding fatty foods.

WEIGHT CONTROL (See Chapter 2)

There is no evidence that Americans are making any progress in battling their excess weight. In 1991, 63% of adults are overweight (no significant change from 64% in 1990) and 33% are 10% or more over their recommended weight range for their build (down from 36% in 1990). This year's figures are still five and three points higher than 1983's findings, respectively.

REGULAR MEDICAL EXAMS (See Chapter 4)

Unchanged since 1990, 85% of Americans report getting their blood pressure checked at least once a year. This figure represents only a marginal gain of three percentage points over 1983's finding of 82%. Over half of Americans (56%) report having a cholesterol test done at least annually. This proportion is a significant improvement over 1985's finding of 48%, and is virtually unchanged since 1990's finding of 55%. Americans who have health insurance are far more likely than those without coverage to have a blood pressure reading (87% vs. 68%) or a cholesterol check (59% vs. 38%) at least once a year.

The proportion of Americans having a dental check-up at least once a year continues to rise. In 1991, 77% of adults report having this exam annually, up two percentage points from 75% last year and up six percentage points from 71% in 1983.

American women show ~~continued~~ progress in having regular pap smear tests at least every two years and doing monthly breast self-examinations. Just over eight in ten adult women (81%) say they have a Pap smear test for cancer at least every two years (an increase of six percentage points over 1983's finding of 75% and one point over 1990's finding of 80%). In 1991, 48% of adult women say they examine their breasts to detect any possible cancer at least once a month (up from 37% in 1983 and up from 47% in 1990). A far higher proportion of uninsured women (61%) than those with coverage (46%) say they examine their breasts at least monthly.

In a new question in this year's Prevention Index, nearly half (47%) of American women report having a mammogram for breast cancer at least every two years. Because an annual mammogram is strongly recommended for older women, it is not surprising that higher proportions of women age 40 or over (67%) have a mammogram at least every two years.

HOME SAFETY PRECAUTIONS (See Chapter 8)

Each of this year's home safety measures — taking precautions to avoid accidents in the home, smoke detector usage, and smoking in bed — have registered improvements both in the last year and since 1983.

The most striking change in behavior regarding these three has been in the use of a smoke detector: in 1991, nearly nine in ten Americans (88%) reported having a smoke detector in their homes, up two percentage points since last year, but up a big 21 percentage points since the first Prevention Index in 1983 when only 67% of homes were equipped with a smoke detector.

The proportion of Americans saying they take special steps or precautions to avoid accidents in and around their homes has risen ten points from 72% in 1983 to 82% of Americans in 1991.

In the area of smoking in bed (the main cause of domestic fires), this year's Prevention Index shows no significant change in the proportion of Americans reporting having someone in their household who smokes in bed, from 9% in 1990 to 8% in 1991.

AUTOMOBILE SAFETY (See Chapter 9)

Once again, in 1991, the proportion of Americans who report wearing a seat belt when in the front seat of a car continues to climb. In 1991, 69% of Americans say they wear a seat belt all the time, up from 65% in 1990. Far more spectacular is the rise of 50 percentage points (or a 3&1/2 fold increase) from the first Prevention Index measure of 19% taken in 1983.

Seat belt use is most common among those residing in states with seat belt laws. In 1991, 71% of those living in states with seat belt laws wore seat belts all the time, compared with only 47% of those in states without such laws.

While Americans have made sharp gains in seat belt usage, attention to obeying the speed limit has decreased over the same period. In 1991, as in 1990, 48% of Americans say they drive within the speed limit all the time, representing an eight percentage point drop from 1983's finding of 56%. The proportion of Americans who drink and drive has remained constant since last year at 21%, but represents a fall of nine points since 1983's finding of 30%.

HEALTH INSURANCE (See Chapter 10)

This year *Prevention* examines an issue of great importance to Americans -- health insurance. With rapidly rising costs, declining access, and the insecurity about continued coverage, this issue has become increasingly visible in recent years and the subject of political debates.

In this survey, nearly nine in ten adult Americans (87%) report they currently have health insurance, and 13%* do not. Those most in need of health insurance — the least advantaged (poorest and least educated) and the youngest Americans — are more likely to be without health insurance. Unfortunately, Americans who pay the least attention to good health habits (smokers and illegal drug users) are also less likely to be insured. Ironically and sadly, those in only fair or poor health (18%) are slightly more likely than those in excellent (13%) or very good or good (12%) health to have no health insurance, in line with the old joke that "if you are sick enough to need health insurance you probably can't afford it."

---

* The latest available government data from the Current Population Survey report 14% uninsured.

Most Americans are very responsive to the need for health insurance for all groups in society. Nearly three-quarters (74%) support "the idea of health insurance for all Americans, funded by tax dollars." Nineteen percent oppose it and seven percent are not sure. While support for universal coverage is widespread among all groups, it is stronger among those most likely to benefit from this measure (the uninsured, the underprivileged, and individuals with higher health risks).

For those who have access to medical care, preventive care from a doctor is a highly recommended way of avoiding health problems before they occur (and saving costs in the long run). About two-fifths (42%) of adults said they had visited a doctor for a preventive service in the last year, apart from when they were sick. Twice as many insured (46%) as uninsured (23%) Americans report having received such preventive care in the last year. Older, wealthier, and highly educated Americans are more likely to have sought preventive care from a doctor.

Table S-1

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1991)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Percentage Point Change From 1983 To 1991	Percentage Point Change From 1990 To 1991
Base:	1254	1253	1256	1250	1250	1250	1250	1254	1256		
	%	%	%	%	%	%	%	%	%		
Nonsmoking and Restricted Use of Alcohol											
Do not smoke cigarettes	70	72	70	72	72	74	72	74	75	$\boxed{+5}$	+1
Drink alcohol moderately	54	57	55	56	50	50	51	51	50	-4	-1
(Drink alcohol moderately or do not drink at all)	88	87	88	88	86	89	90	88	88	0	0
Exercise and Weight Control											
Get strenuous exercise three or more days a week	34	33	31	33	35	36	35	34	37	+3	+3
Are within the weight range recommended for their height, build, and sex*	23	23	21	23	24	21	24	22	19	-4	-3
Are not overweight*	42	41	38	41	40	36	39	36	37	$\boxed{-5}$	+1
Diet and Nutrition											
Try a lot to get enough vitamins and minerals	63	57	63	63	59	57	58	59	58	$\boxed{-5}$	-1
Try a lot to eat enough fiber	59	58	59	59	60	60	60	59	56	-3	-3
Try a lot to avoid eating too much fat	55	59	56	56	54	54	58	56	57	+2	+1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	48	52	51	48	$\boxed{-5}$	-3
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	47	46	46	43	$\boxed{-8}$	-3
Try a lot to get enough calcium	50	45	57	57	54	53	55	50	48	-2	-2
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	48	50	49	50	$\boxed{+8}$	+1

(Continued)

---

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991).

Table S-1 (Continued)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1991)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Percentage Point Change From 1983 To 1991	Percentage Point Change From 1990 To 1991
Base:	1254	1253	1256	1250	1250	1250	1250	1254	1256		
	%	%	%	%	%	%	%	%	%		
Control of Stress											
Socialize with friends or relatives once a week or more	84	85	85	81	83	84	85	84	82	-2	-2
Get seven or eight hours sleep most nights	64	63	64	65	61	62	64	61	62	-2	+1
Take specific steps to control or reduce stress	59	70	69	64	68	69	65	65	66	$\boxed{+7}$	+1
Periodic Examinations And Tests											
Have a blood pressure reading at least once a year	82	85	87	84	84	83	84	85	85	+3	0
Have a dental checkup at least once a year	71	73	74	76	75	71	75	75	77	$\boxed{+6}$	+2
Women who have a Pap smear test at least every one or two years	75	77	78	80	75	79	76	80	81	$\boxed{+6}$	+1
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	51	44	47	48	$\boxed{+11}$	+1

(Continued)

Table S-1 (Continued)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1991)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Percentage Point Change From 1983 To 1991	Percentage Point Change From 1990 To 1991
Base:	1254	1253	1256	1250	1250	1250	1250	1254	1256		
	%	%	%	%	%	%	%	%	%		
Safety Precautions											
Say that no one in their home smokes in bed	88	89	91	91	92	90	90	88	87	-1	-1
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	82	80	78	82	$\boxed{+10}$	+4
Say they have a smoke detector in their home	67	74	76	77	82	81	85	86	88	$\boxed{+21}$	+2
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	51	49	48	48	$\boxed{-8}$	0
Drivers who say they either never drive after drinking or don't drink at all	68	68	71	74	74	78	79	79	79	$\boxed{+11}$	0
Say they wear seat belts all the time when in the front seat of a car	19	27	41	55	57	60	63	65	69	$\boxed{+50}$	+4

Table S-2

TRENDS IN OTHER PREVENTIVE BEHAVIOR ITEMS
(1984-1991)

	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Percentage Point Change From First Year Question Was Asked To 1991	Percentage Point Change From 1990 To 1991
Base:	1253	1256	1250	1250	1250	1250	1254	1256		
	%	%	%	%	%	%	%	%		
Exercise										
Those who get regular exercise	X	77	76	79	75	76	77	77	0	0
Diet and Nutrition										
Try a lot to avoid caffeine in beverages	34	37	34	34	33	33	32	29	-5	-3
Try a lot to avoid food with additives	37	33	36	36	35	33	33	33	-4	0
Eat fish twice a week	X	34	31	33	28	28	27	27	$\boxed{-7}$	0
Eat vegetables in the cabbage family	X	62	65	59	60	61	59	59	-3	0
Periodic Examinations and Tests										
Have a cholesterol check at least once a year	X	48	46	45	49	53	55	56	$\boxed{+8}$	+1

X = Not asked that particular year.

CHAPTER 1: OVERALL TRENDS IN PREVENTIVE HEALTH HABITS

Since 1986, the trend in Americans' overall preventive health habits is virtually unchanged although many individual practices have shifted over the same period.

As in all previous years, the average percentage of preventive health habits practiced by Americans is once again 64%. One-quarter of Americans practice more than 75% of the preventive behaviors, 56% practice between 51% and 75%, and 19% practice up to half. These figures too have been relatively stable over the last six years (Table 1-1).

The groups most likely to pay close attention to good preventive practices include adults aged 65 and over (30%), those aged 50-64 (28%), and college graduates (29%) (Table 1-2).

Self-Reported Health Status

A majority (58%) of Americans describe their health as either excellent (25%) or very good (33%) and just over one-quarter (28%) say their health is good. A lower 13% report their health as either fair (11%) or poor (2%).

Attention to preventive habits is clearly related to self-described health status. Thirty percent of those practicing over 75% and 26% of those practicing 51% to 75% of the twenty-four key preventive behaviors report their health is excellent. Only 17% of adults who follow 50% or less of these recommended practices say they have excellent health (Table 1-3).

Table 1-1

TRENDS IN THE TWENTY-FOUR PREVENTIVE HABITS
(1986-1991)

	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Percentage Point Change From 1986 To 1991
Base	1250	1250	1250	1250	1254	1256	
	%	%	%	%	%	%	
Preventive Habits							
Those who practice more than 75%	23	23	24	25	25	25	+2
Those who practice 51% to 75%	56	57	55	54	54	56	0
Those who practice 0% to 50%	21	20	22	21	21	19	-2
Average percent practiced	64	64	64	64	64	64	0

---

*See Table S-1 for the twenty-four items used.

Table 1-2

PERCENT OF PREVENTIVE HABITS PRACTICED BY VARIOUS DEMOGRAPHIC GROUPS

			Preventive Habits		
	Base		Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Total	1256	%	19	56	25
Region					
East	303	%	16	57	26
South	391	%	22	53	25
Midwest	309	%	16	59	25
West	253	%	22	56	23
Urbanism					
Central city	415	%	17	58	25
Rest of metropolitan area	563	%	20	56	24
Outside metropolitan area	278	%	21	54	25
Sex					
Male	644	%	24	52	24
Female	612	%	15	59	25
Race					
White	1071	%	20	55	25
Black	94	%	17	59	24
Hispanic	57	%	17	56	27
Age					
18-29 years	309	%	21	59	20
30-39 years	304	%	21	53	25
40-49 years	220	%	16	60	23
50-64 years	214	%	19	53	28
65 and over	201	%	16	54	30
Education					
Not high school graduate	147	%	30	50	20
High school graduate	456	%	21	56	23
Some college	318	%	19	56	25
Four-year college graduate	334	%	12	59	29
Household Income					
$7,500 or less	101	%	15	65	20
$7,501-$15,000	118	%	21	58	21
$15,001-$25,000	230	%	20	55	25
$25,001-$35,000	214	%	25	48	27
$35,001-$50,000	220	%	19	60	21
$50,001 and over	262	%	14	58	28

Q.1

Table 1-3

SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS

Q.: In general, how would you describe your own health — is it excellent, very good, good, fair, or poor?

		Preventive Habits		
	Total	Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Base	1256	247	707	302
	%	%	%	%
Health Status				
Excellent	25	17	26	30
Very good	33	30	33	37
Good	28	36	28	21
Fair	11	15	10	11
Poor	2	2	3	1

CHAPTER 2: EXERCISE AND WEIGHT CONTROL

Exercise

The proportion of Americans who exercise regularly has remained stable over the last seven years. In 1991, as in 1985, just over three-quarters (77%) of adults say they get some regular exercise (Table 2-1). Participation in strenuous exercise may, however, have increased slightly over the same period. In 1991, 37% of adults exercise strenuously at least three days a week, up three points from 1983's and 1990's findings of 34% (Table 2-2).

The groups most likely to get frequent strenuous exercise include men (45%), younger adults (49% of those 18-29), and those with better educations (44% of college graduates) and higher incomes (43% of those with more than $50,000 in household annual income). Not surprisingly, Americans who say they are in excellent health are far more likely to get frequent and strenuous work outs (46% vs. 29% of those in fair or poor health). These patterns have persisted since 1985 (Table 2-3).

Weight Control

There is no evidence that Americans are making any progress in battling their excess weight. In 1991, 63% of Americans are overweight (no significant change from 64% in 1990) and 33% are at least 10% over their recommended weight range for their build (down from 36% in 1990). This year's figures are five and three points higher than 1983's findings, respectively.

Since 1990, fewer Americans are within their recommended weight range (down three points to 19%) and more are underweight (up four points to 18%).

And while the proportion within the recommended weight range has fallen four points since 1983's pioneer Index, the proportion of underweight Americans is virtually unchanged (Table 2-4).

More affluent and better educated adults are most apt to be successful in keeping their weight under control, as are those who describe their health as excellent and those who practice a higher number of preventive habits. (Table 2-5).

Q.9

Table 2-1

REGULAR EXERCISE

Q.: At the present time, do you get any regular exercise, either at work or somewhere else?

	1985	1986	1987	1988	1989	1990	1991
Base	1256	1250	1250	1250	1250	1254	1256
	%	%	%	%	%	%	%
Get regular exercise	77	76	79	75	76	77	77
Do not get regular exercise	23	24	21	24	24	22	23

Q.10

Table 2-2

FREQUENCY OF STRENUOUS EXERCISE

Q.: How often do you exercise strenuously — that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes — never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base:	1254	1256	1250	1250	1250	1254	1256
	%	%	%	%	%	%	%
Never	24	21	24	19	24	21	21
Less than 1 day a month	6	8	6	6	6	7	6
1 to 3 days a month	9	13	10	11	11	14	12
1 day a week	13	16	14	13	12	12	11
2 days a week	12	11	11	13	10	12	12
3 days a week	13	13	15	15	15	14	17
4 to 5 days week	9 } 34	10 } 31	11 } 35	12 } 36	10 } 35	10 } 34	9 } 37
6 to 7 days a week	12	8	9	9	10	10	11

Q.10

Table 2-3

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

Q.: How often do you exercise strenuously — that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes — never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Base		Exercise Strenuously Three Times Per Week or More
Total	1256	%	37
Region			
East	303	%	38
South	391	%	39
Midwest	309	%	33
West	253	%	41
Urbanism			
Central city	415	%	41
Rest of metropolitan area	563	%	35
Outside metropolitan area	278	%	37
Sex			
Male	644	%	45
Female	612	%	31
Race			
White	1071	%	37
Black	94	%	33
Hispanic	57	%	53
Age			
18-29 years	309	%	49
30-39 years	304	%	40
40-49 years	220	%	38
50-64 years	214	%	28
65 and over	201	%	26
Education			
Not high school graduate	147	%	36
High school graduate	456	%	36
Some college	318	%	34
Four-year college graduate	334	%	44

(Continued)

Q.10

Table 2-3 (Continued)

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

	Base		Exercise Strenuously Three Times Per Week or More
Total	1256	%	37
Household Income			
$7,500 or less	101	%	34
$7,501-$15,000	118	%	32
$15,001-$25,000	230	%	35
$25,001-$35,000	214	%	40
$35,001-$50,000	220	%	38
$50,001 and over	262	%	43
Self-Described Health Status			
Excellent	303	%	46
Very good or good	785	%	36
Fair or poor	163	%	29
Body Weight Index			
Underweight	193	%	38
Within range	627	%	34
Overweight	321	%	33

Q.6, 7, 8

Table 2-4

PERCENT OF ADULTS WHO ARE OVERWEIGHT, WITHIN THE RECOMMENDED WEIGHT RANGE, AND UNDERWEIGHT*

Base: Age 25 and older and classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have — small, medium, or large?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base	995	1061	1008	1031	1015	1042	988
	%	%	%	%	%	%	%
Overweight							
Total	58	62	59	64	61	64	63
30% or more above range	6	8	7	8	8	7	7
20-29.9% above range	9	7	8	10	9	9	8
10-19.9% above range	15	14	17	18	17	20	18
5-9.9% above range	13	16	14	15	13	14	14
Up to 4.9% above range	16	16	13	14	13	15	16
Within Recommended Range	23	21	24	21	24	22	19
Underweight							
Total	19	17	16	15	15	14	18
Up to 4.9% below range	9	9	8	8	8	8	10
5-9.9% below range	6	4	5	5	5	4	5
10% or more below range	4	4	3	2	3	2	3

---

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991).

Q.6, 7, 8

Table 2-5

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE

Base: Age 25 and Older and Classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have — small, medium, or large?

	Base		Weight Within Recommended Range
Total	988	%	19
Region			
East	237	%	17
South	310	%	20
Midwest	248	%	18
West	193	%	21
Urbanism			
Central city	310	%	18
Rest of metropolitan area	454	%	18
Outside metropolitan area	224	%	22
Sex			
Male	484	%	18
Female	504	%	19
Race			
White	863	%	21
Black	72	%	6**
Hispanic	30	%	15**
Age			
18-29 years	119	%	21
30-39 years	279	%	20
40-49 years	201	%	24
50-64 years	199	%	16
65 and over	190	%	13
Education			
Not high school graduate	114	%	13
High school graduate	350	%	16
Some college	240	%	16
Four-year college graduate	283	%	28

(Continued)

Q.6, 7, 8

Table 2-5 (Continued)

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE

Base: Age 25 and Older and Classifiable

	Base		Weight Within Recommended Range
Total	988	%	19
Household Income			
$7,500 or less	68	%	12**
$7,501-$15,000	87	%	16
$15,001-$25,000	176	%	20
$25,001-$35,000	182	%	18
$35,001-$50,000	183	%	16
$50,001 and over	216	%	27
Self-Described Health Status			
Excellent	251	%	24
Very good or good	597	%	18
Fair or poor	136	%	12
Preventive Habits			
Those who practice 76% to 100%	248	%	24
Those who practice 51% to 75%	558	%	19
Those who practice 0% to 50%	182	%	12

**Caution due to small base.

CHAPTER 3: NUTRITION

One in four Americans continues to pay close attention to good eating habits. This group says they "try a lot" to follow at least eight of Prevention's eleven key diet and nutrition principles. A narrow majority (52%) say they "try a lot" in between three and seven of these areas, and the remaining fourth (23%) follow fewer than three. These measures are virtually unchanged since last year (Table 3-2).

A majority of Americans are vigilant ("try a lot") in eating vegetables in the cabbage family (59%), getting enough vitamins and minerals in foods and in supplements (58%), not eating much fat (57%), and eating enough fiber from whole grains, cereals, fruits, and vegetables (56%).

Between two-fifths and one-half say they "try a lot" to avoid eating too much high cholesterol foods (50%), get enough calcium in food or in supplements (48%), and avoid eating too much salt or sodium (48%), and avoid eating too much sugar and sweet food (43%).

The weakest areas of Americans' nutritional efforts (followed faithfully by one-third or less) are for avoiding foods with additives (33%), avoiding caffeine (29%), and eating fish twice a week (27%) (Table 3-1).

> Observation:
> This year's findings on Americans' nutritional efforts appear to reinforce the slippage in many of the eleven areas observed in last year's Index. Since 1990, six of the eleven areas lost ground (most notably for avoiding too much salt or sodium, avoiding too much sugar, avoiding caffeine, and getting enough fiber — each down three points).
>
> Two exceptions to this generally bleak picture, however, include increased vigilance regarding fat and cholesterol intake. Although these two areas have not changed significantly since 1990 (each up one point), they are the only two categories which have increased at all since the first Prevention Index in 1983 — up 8% for avoiding high cholesterol foods and up 2% for avoiding fatty foods.

Nutrition and Exercise

Most health experts now agree that the key to overall good health and weight control is a combination of a balanced diet and regular exercise. A more detailed look at those who follow nutrition principles rigorously and those who follow these rules less rigorously in the Nutrition Index reveals that adults who exercise strenuously are far more likely to be careful eaters. Fully one-third (34%) of Americans who exercise strenuously at least three times a week, but only half this proportion of those who do not (18%), follow between eight and eleven of the nutrition behavior items. Similarly, one-third of those who lack strict exercise habits, but only 17% of exercise enthusiasts say they practice between zero and two of the eleven nutritional habits. Both groups are equally likely to practice between three and seven of these habits (Table 3-2).

Just over one in eight Americans practices a high number of good nutrition habits and exercises strenuously (13%). An equal number (13%) score highly on nutrition aspects alone. Twice this population (25%) exercise strenuously without paying close attention to nutrition. Finally, nearly half (49%) of Americans closely adhere to neither good nutrition nor good exercise habits.

Demographic groups who follow each of these behavioral paths differ in several respects. While women and older Americans are more likely to follow many of the nutritional recommendations closely and not exercise strenuously, men and younger Americans are most likely to exercise rigorously without giving careful thought to good nutrition habits. Exercise enthusiasts who ignore many good nutrition rules are also more likely to be in excellent health.

For the two behavioral extremes -- those who either ignore or practice both good nutrition and exercise habits — there are no significant differences among various demographic groups. Those who pay attention to neither of these two paths to good health are, however, more likely to be overweight and to describe their health status as less than excellent (Table 3-3).

Q.5

Table 3-1

TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Those Who Try A Lot									
	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Change Since 1983
Base	1254	1253	1256	1250	1250	1250	1250	1254	1256	
	%	%	%	%	%	%	%	%	%	
Get enough vitamins and minerals in foods or in supplements	63	57	63	63	59	57	58	59	58	-5
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59	60	60	60	59	56	-3
Avoid eating too much fat	55	59	56	56	54	54	58	56	57	+2
Avoid eating too much salt or sodium	53	54	54	57	54	48	52	51	48	-5
Avoid eating too much sugar and sweet food	51	52	50	49	49	47	46	46	43	-8
Get enough calcium in food or in supplements	50	45	57	57	54	53	55	50	48	-2
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46	42	48	50	49	50	+8
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	X	34	37	34	34	33	33	32	29	-5*
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	X	37	33	36	36	35	33	33	33	-4*
Eat fish twice a week	X	X	34	31	33	28	28	27	27	-7**
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	X	X	62	65	59	60	61	59	59	-3**

X = Not asked.
* = Change since 1984.
** = Change since 1985.
Note: Twenty-five percent of adults "try a lot" in eight of the eleven areas; 54% in three to seven areas; and 21% in two or fewer areas.

Q.5, 10

Table 3-2

NUTRITION INDEX BY EXERCISE BEHAVIOR

Q.: Thinking about your personal diet and nutrition, do you try a lot, a little, or don't you try at all to (READ EACH ITEM).

Q.: How often do you exercise strenuously — that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes — never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Total	Those Who Exercise Strenuously Three Or More Per Week	Those Who Never Exercise Strenuously
Base	1256	470	253
	%	%	%
Nutrition Index*			
High	25	34	18
Medium	52	49	49
Low	23	17	33

---

*Nutrition index is based on the total number of nutrition behavior items in question 5 which respondents say they "try a lot" to do. Those saying "try a lot" on 8, 9, 10 or 11 items are "high" on the index; those saying "try a lot" on 3, 4, 5, 6, or 7 items are "medium"; those saying "try a lot" on 0, 1, or 2 items are "low".

Table 3-3

NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS

			Nutrition/Exercise Index*			
			High On Both Nutrition And Exercise	High On Nutrition Only	High On Exercise Only	Not High On Nutrition Or Exercise
Total	1256	%	13	13	25	49
Sex						
Male	644	%	11	8	34	47
Female	612	%	14	17	17	52
Age						
18-29 years	309	%	12	5	37	46
30-39 years	304	%	11	8	28	52
40-49 years	220	%	14	15	25	46
50-64 years	214	%	13	21	15	51
65 and over	201	%	14	21	12	50
Education						
Not high school graduate	147	%	11	14	26	50
High school graduate	456	%	14	11	22	52
Some college	318	%	11	15	23	51
Four-year college graduate	334	%	13	11	31	44
Self-Described Health Status						
Excellent	303	%	16	11	30	43
Very good or good	785	%	11	12	25	51
Fair or poor	163	%	13	19	16	52
Body Weight Index						
Underweight	168	%	21	19	20	39
Within range	193	%	12	12	27	49
Overweight	627	%	12	14	22	53

---

*Those who score "high" on the nutrition index (see Table 4-2) and exercise strenuously three times a week are "high on both"; those who score "high" on the nutrition index but do not exercise strenuously three times a week are "high on nutrition only"; those who exercise strenuously three times a week but do not score "high" on the nutrition index are "high on exercise only"; and those who do not score "high" on the nutrition index and do not exercise strenuously three times a week are "not high on nutrition or exercise."

CHAPTER 4: REGULAR MEDICAL EXAMS

Blood Pressure Reading

Unchanged since 1990, 85% of Americans report getting their blood pressure checked at least once a year. This figure represents only a marginal gain of three percentage points over 1983's finding of 82%. A more sizeable increase has occurred among those having this reading done more often than once a year, up from 52% in 1983 to 57% in 1991 (Table 4-1).

Older (92% of those aged 65 and over) and wealthier Americans (92% of those with household incomes of over $50,000) are more likely to have a blood pressure reading at least annually. Other groups likelier to have this reading done at least annually include women (90%), Southerners (89%), and Easterners (88%) (Table 4-2). Insured Americans (88%) are far more likely than those without health insurance (68%) to have this test done at least annually (Table 4-5).

Cholesterol Testing

Over half of Americans (56%) report having a cholesterol test done at least annually. This proportion is a significant improvement over 1985's finding of 48% and is virtually unchanged since 1990's finding of 55% (Table 4-1).

As with annual blood pressure tests, older and wealthier Americans (76% of those aged 65 and over and 62% of those whose household incomes are over $50,000), women (61%), and individuals with health insurance (59%) are more likely to have their cholesterol checked at least annually (Tables 4-2 and 4-5).

Dental Check-Ups

The proportion of Americans having a dental check-up at least once a year continues to rise. In 1991, 77% of adults report having this exam annually — up two percentage points from 75% last year and up six percentage points from 71% in 1983 (Table 4-1).

Americans with a higher socioeconomic profile are more likely to have at least annual dental check-ups. About nine in ten adults in households with incomes of over $50,000 (91%) and with at least some college education (87%) visit their dentist at least annually, compared with 53% of those without a high school degree and 63% of those with incomes of $7,500 or less (Table 4-2). Just as with annual blood pressure and cholesterol tests, a higher proportion of adults with health insurance (79%) than those without coverage (62%) have at least annual dental check-ups (Table 4-5).

Whereas Americans who have blood pressure and cholesterol tests tend to be older, younger Americans are likeliest to have a dental check-up at least annually. Eighty-five percent of adults under 40 years of age, but only 60% of those 65 and over say they see their dentist as frequently. Also, in contrast to Americans' behavior regarding these two tests, residents of urban (79%) and suburban areas (80%) are likelier than those living in rural areas (67%) to get annual dental check-ups. Americans in excellent health (84%) are likelier than those in fair or poor health (62%) to get an annual dental check-up (Table 4-2).

Pap Smear, Breast Self-Exam, and Mammography for Women

Just over eight in ten adult women (81%) say they have a Pap smear test for cancer at least every two years. This figure represents an increase of six percentage points over 1983's finding of 75% and one point over 1990's finding of 80% (Table 4-3).

Younger (86% of women 18-39), better educated (86% of women with some college education), and wealthier women (92% of those with household incomes of over $50,000) and those in excellent health (87%) are most likely to have Pap smears at least every two years (Table 4-4). Over eight in ten (83%) insured women, but a lower 72% of uninsured women have this important test done at least every two years (Table 4-5).

Since 1983, American women have also shown progress in the area of breast self-examination. In 1991, 48% of adult women say they examine their breasts to detect any possible cancer at least once a month. Nine years ago, only 37% of women examined their breasts monthly. Although the 1991 finding is only one percentage point above 1990's figure of 47%, a more encouraging sign is that the proportion of women who say they never do this exam has fallen four points since last year, from 14% to 10% (Table 4-3).

In contrast to the pattern for frequent Pap smear tests, women in lower socioeconomic brackets and those without health insurance are likelier to examine their breasts at least monthly. About six in ten women with household incomes of $7,500 or less (62%), those who lack a high school education (58%), and who have with no insurance coverage (61%) say they perform this exam monthly (Tables 4-4 and 4-5).

In a new question in this year's Prevention Index, nearly half (47%) of American women report having a mammogram for breast cancer at least every two years. Because an annual mammogram is strongly recommended for women over the age of 50, large differences by age group in the proportion of women having this exam at least every two years are not surprising. Fully two-thirds (67%) of women aged 40 and over say they have a mammogram as frequently, compared with only 30% of women aged 30-39 and 17% of those aged 18-29 (Table 4-3).

Whereas higher wealth and education levels are clearly associated with a higher likelihood of having a regular Pap smear exam and a lower likelihood of breast self-examinations, there are no significant differences by household income and education relating to the frequency of having mammograms (Table 4-4). But, as with Pap smear tests, insured women (49%) are more likely than those without coverage (32%) to have this test done at least every other year (Table 4-5).

Q.2, 3, 4

Table 4-1

TRENDS IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a check-up?

	1983 Survey		1985 Survey		1987 Survey		1988 Survey		1990 Survey		1991 Survey		Change
Base	1254		1250		1250		1250		1254		1256		
	%		%		%		%		%		%		
Blood Pressure Screen													Since 1983
More often than once a year	52	82	59	87	56	84	57	83	56	85	57	85	+3
Once a year	30		28		28		26		29		28		
Every two years	6		5		6		6		4		4		
Every three or four years	2		3		3		1		2		2		
Every five years or less often	3		3		2		3		3		2		
Never	5		2		3		5		5		4		
Not sure	2		1		2		3		2		3		
Cholesterol Test													Since 1985
More often than once a year	X		20	48	19	45	21	49	22	55	21	56	+8
Once a year	X		28		26		28		33		34		
Every two years	X		7		7		6		8		7		
Every three or four years	X		4		4		4		3		4		
Every five years or less often	X		6		5		5		5		4		
Never	X		29		34		32		26		25		
Not sure	X		5		4		4		3		4		
Dental Exam													Since 1983
More often than once a year	44	71	46	74	50	75	47	71	51	75	51	77	+6
Once a year	27		28		25		24		25		26		
Every two years	8		7		6		8		7		5		
Every three or four years	4		3		4		4		2		2		
Every five years or less often	11		4		4		4		4		5		
Never	11		11		10		11		10		9		
Not sure	3		1		1		2		1		1		

X = Not asked.

Q.2, 3, 4

Table 4-2

THREE TYPES OF EXAMS OR TESTS BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a check-up?

	Base		At Least Annual Blood Pressure Reading	At Least Annual Cholesterol Test	At Least Annual Dental Check-Up
Total	1256	%	85	56	77
Region					
East	303	%	88	61	80
South	391	%	89	59	77
Midwest	309	%	85	51	75
West	253	%	75	50	76
Urbanism					
Central city	415	%	84	57	79
Rest of metropolitan area	563	%	87	57	80
Outside metropolitan area	278	%	84	53	67
Sex					
Male	644	%	80	50	75
Female	612	%	90	61	79
Race					
White	1071	%	85	55	77
Black	94	%	90	59	73
Hispanic	57	%	82	61	84
Age					
18-29 years	309	%	83	44	85
30-39 years	304	%	80	46	85
40-49 years	220	%	85	57	81
50-64 years	214	%	88	66	68
65 and over	201	%	92	76	60
Education					
Not high school graduate	147	%	81	59	53
High school graduate	456	%	86	52	73
Some college	318	%	85	57	86
Four-year college graduate	334	%	85	58	87

(Continued)

Q.2, 3, 4

Table 4-2 (Continued)

THREE TYPES OF EXAMS OR TESTS BY DEMOGRAPHIC CHARACTERISTICS

	Base		At Least Annual Blood Pressure Reading	At Least Annual Cholesterol Test	At Least Annual Dental Check-Up
Total	1256	%	85	56	77
Household Income					
$7,500 or less	101	%	84	55	63
$7,501-$15,000	118	%	87	51	69
$15,001-$25,000	230	%	84	56	78
$25,001-$35,000	214	%	78	51	74
$35,001-$50,000	220	%	82	53	83
$50,001 and over	262	%	92	62	91
Self-Described Health Status					
Excellent	303	%	81	51	84
Very good or good	785	%	86	56	78
Fair or poor	163	%	88	63	62

Q.27, 28, 29 Table 4-3

TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN
Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer — at least once a month, several times a year, once a year, less than once a year, or never?

Q.: How often do you have a mammogram for breast cancer?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base	646	640	634	652	655	619	612
%	%	%	%	%	%		
Pap Smear							
More often than once a year	18	15	17	15	15	14	15
Once a year	49 } 75	54 } 78	51 } 75	57 } 79	55 } 76	59 } 80	61 } 81
Every two years	8	9	7	7	6	8	6
Every three years	4	3	4	3	6	4	3
Every four or five years	3	3	3	3	4	3	3
Every six years or less often	2	3	3	3	3	2	3
Never	13	12	10	9	10	9	8
Not applicable (vol.)	1	1	2	1	1	1	1
Not sure	2	1	2	2	1	1	1
Breast Self-Exam							
At least once a month	37	48	42	51	44	47	48
Several times a year	30	30	29	24	24	23	27
Once a year	9	8	9	7	9	10	11
Less than once a year	4	3	4	3	4	4	2
Never	15	9	13	12	15	14	10
I never do it — doctor does it (vol.)	2	1	2	1	3	2	1
Not applicable (vol.)	*	-	1	*	*	1	-
Not sure	1	1	1	*	*	*	*
Mammogram							
More often than once a year	X	X	X	X	X	X	4
Once a year	X	X	X	X	X	X	34 } 47
Every two years	X	X	X	X	X	X	9
Every three years	X	X	X	X	X	X	2
Every four or five years	X	X	X	X	X	X	2
Every six years or less often	X	X	X	X	X	X	1
Never	X	X	X	X	X	X	46
Have had baseline mammogram (vol.)	X	X	X	X	X	X	1
Not applicable (vol.)	X	X	X	X	X	X	1
Not sure	X	X	X	X	X	X	1

---

*Less than 0.5%.

X = Not asked that particular year.

Q.27, 28, 29

Table 4-4

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer — at least once a month, several times a year, once a year, less than once a year, or never?

Q.: How often do you have a mammogram for breast cancer?

	Base		Pap Smear At Least Every One Or Two Years	Monthly Breast Self-Exam	Mammogram At Least Every Two Years
Total Women	612	%	81	48	47
Region					
East	152	%	75	49	49
South	187	%	83	46	51
Midwest	156	%	83	57	44
West	117	%	83	39	42
Urbanism					
Central city	201	%	80	48	45
Rest of metropolitan area	272	%	84	49	49
Outside metropolitan area	139	%	78	47	44
Race					
White	513	%	81	46	46
Black	56	%	95**	62**	51**
Hispanic	27	%	64**	49**	53**
Age					
18-29 years	132	%	85	42	17
30-39 years	155	%	87	48	30
40-49 years	98	%	85	44	66
50-64 years	114	%	78	53	70
65 and over	108	%	70	57	66
Education					
Not high school graduate	78	%	73	58	54
High school graduate	230	%	77	53	42
Some college	157	%	86	46	47
Four-year college graduate	147	%	87	37	49
Household Income					
$7,500 or less	67	%	74	62	43
$7,501-$15,000	67	%	68	53	36
$15,001-$25,000	123	%	87	47	51
$25,001-$35,000	92	%	79	49	41
$35,001-$50,000	90	%	87	33	49
$50,001 and over	110	%	92	42	55

(Continued)

Q.27, 28, 29

Table 4-4 (Continued)

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

	Base		Pap Smear At Least Every One Or Two Years	Monthly Breast Self-Exam	Mammogram At Least Every Two Years
Total Women	612	%	81	48	47
Self-Described Health Status					
Excellent	137	%	89	51	48
Very good or good	393	%	80	47	44
Fair or poor	79	%	79	50	59

**Caution due to small base.

Q.2, 3, 4, 27, 28, 29

TABLE 4-5

MEDICAL EXAMS OR TESTS BY HEALTH INSURANCE COVERAGE

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a check-up?

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you examine your breasts to detect any possible cancer — at least once a month, several times a year, once a year, less than once a year, or never?

Q.: How often do you have a mammogram for breast cancer?

	Total	Have Health Insurance	Do Not Have Health Insurance
Base	1256	1112	143
	%	%	%
At least annual blood pressure reading	85	88	68
At least annual cholesterol test	56	59	38
At least annual dental check-up	77	79	62
Base (Women Only)	612	545	66
	%	%	%
Pap smear at least every one or two years	81	83	72
Monthly breast self-exam	48	46	61
Mammogram at least every two years	47	49	32

CHAPTER 5: STRESS

Feelings of Stress

In 1991, nearly one in five Americans (18%) reports feeling under great stress almost every day. This measure is two points above last year's and 1983's finding of 16%. Fourteen percent say they feel stress several days a week and 30% say they feel stress once or twice a week. These proportions have dropped slightly since last year. At the low end, the proportion reporting they feel only a minimal level of stress -- less often than once a week -- has risen from 24% in 1990 to 28% in 1991.

But most dramatically, the proportion of Americans who experience stress at least once a week has risen seven percentage points over this period -- from 55% in 1983 to 62% in 1991. In a parallel fashion, the proportion who say they never feel great stress has fallen sharply from 16% in 1983 to 9% in 1991 (Table 5-1).

In 1991, the only significant differences among demographic groupings regarding stress levels are evident for sex and age. A larger proportion of women (37%) than men (27%) say they experience great stress at least several days a week. Younger Americans aged 30-39 (39%) and aged 18-29 (36%) are likelier than older Americans to feel such high levels of stress. Only 21% of those over age 65 report the same stress levels (Table 5-2).

> Observation:
> One trend to watch in coming years is the increasing tendency for Americans in their 30's and 20's rather than in their 40's to experience higher levels of stress. In 1991, for the first time in recent years, adults under 40 report feeling more stress than those 40-49 (Table 5-3).

Steps People Take To Control Stress

While the proportion of Americans experiencing great stress at least once a week has risen seven points (from 55% to 62%) in the last nine years, there has been a parallel jump in the proportion reporting that they are trying to manage this stress. In 1983, 59% said they took steps to control or reduce the stress in their life. In 1991, this proportion has risen to 66%, representing a one point rise over last year.

The use of specific ways of controlling stress — getting adequate sleep and socializing with others — has remained virtually constant over the same period. Just over six in ten Americans report getting the recommended seven or eight hours of sleep per night in 1991 (62%) as in 1983 (64%). Similarly, just over eight in ten say they socialize with others at least once a week in 1991 (82%) as in 1983 (84%). Since last year, these figures have changed (for the worse) only slightly (Table 5-1).

College graduates (69%), Americans aged 50-64 (70%), and whites (65%) are most likely to report getting seven or eight hours of sleep. The only notable difference among demographic groups for those who socialize at least once a week, however, is by age. The youngest (90% of those 18-29) and oldest (88% of those 65 and over) groups of adults are most likely to socialize this frequently, while Americans in their most productive years (79% of 30-49 year olds and 75% of 50-64 year olds) are least likely to do so (Table 5-2).

Q.15, 16, 17, 14

Table 5-1

TRENDS IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q. About how often do you socialize with close friends, relatives, or neighbors?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base	1254	1250	1250	1250	1250	1254	1256
	%	%	%	%	%	%	%
Frequency of Stress							
Almost every day	16	14	17	18	15	16	18
Several days a week	12	13	15	15	15	16	14
Once or twice a week	27	33	30	30	30	32	30
Less often than once a week	29	30	27	27	26	24	28
Never	16	10	10	9	12	10	9
Not sure	1	1	1	1	1	1	*
Steps to Control Stress							
Yes, take steps to control	59	69	68	69	65	65	66
No, don't take steps	38	31	30	30	34	34	33
Not sure	3	1	1	1	1	1	1
Sleep							
6 hours or less	25	26	27	28	25	28	26
7-8 hours	64	64	61	62	64	61	62
9 hours or more	10	9	11	11	11	9	11
Not sure	1	*	1	1	*	1	1
Socializing with Others							
Once a week or more	84	85	83	84	85	84	82
Less than once a week	16	15	17	16	14	15	17
Not sure	*	*	1	1	*	*	1

---

*Less than 0.5%.

Q.15, 16, 17, 14

Table 5-2

WHO TAKES STEPS TO CONTROL STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress — almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Base		Feel Under Great Stress Several Days A Week Or More	Consciously Take Steps To Control Or Reduce Stress	Usually Get Seven Or Eight Hours Of Sleep	Socialize At Least Once A Week
Total	1256	%	32	66	62	82
Region						
East	303	%	33	67	63	84
South	391	%	32	70	64	83
Midwest	309	%	31	65	63	83
West	253	%	32	61	59	79
Urbanism						
Central City	415	%	32	68	59	83
Rest of metropolitan area	563	%	33	65	66	81
Outside metropolitan area	278	%	32	65	61	84
Sex						
Male	644	%	27	64	63	80
Female	612	%	37	68	61	84
Race						
White	1071	%	34	66	65	84
Black	94	%	22	73	56	73
Hispanic	57	%	35	59	46	80
Age						
18-29 years	309	%	36	66	58	90
30-39 years	304	%	39	66	63	79
40-49 years	220	%	32	74	60	79
50-64 years	214	%	26	68	70	75
65 and over	201	%	21	58	63	88

(Continued)

Q.15, 16, 17, 14

Table 5-2 (Continued)

WHO TAKES STEPS TO CONTROL STRESS

	Base		Feel Under Great Stress Several Days A Week Or More	Consciously Take Steps To Control Or Reduce Stress	Usually Get Seven Or Eight Hours Of Sleep	Socialize At Least Once A Week
Total	1256	%	32	66	62	82
Education						
Not high school graduate	147	%	28	63	62	81
High school graduate	456	%	33	66	60	82
Some college	318	%	35	68	59	83
Four-year college graduate	334	%	31	65	69	83
Household Income						
$7,500 or less	101	%	37	65	67	79
$7,501-$15,000	118	%	29	69	58	83
$15,001-$25,000	230	%	33	64	64	82
$25,001-$35,000	214	%	35	71	61	86
$35,001-$50,000	220	%	32	65	58	84
$50,001 and over	262	%	31	67	65	81
Self-Described Health Status						
Excellent	303	%	28	68	64	80
Very good or good	785	%	33	66	64	84
Fair or poor	162	%	36	62	56	80
Frequency of Great Stress						
Several days a week or more	403	%	100	75	58	83
Less than several days a week	847	%	0	62	65	82

Q.15

Table 5-3

PERCENT OF THOSE WHO FEEL UNDER GREAT STRESS SEVERAL DAYS A WEEK OR MORE BY AGE (1983, 1987, 1988, 1989, 1990, 1991)

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress — almost every day, several days a week, once or twice a week, less often than once a week, or never?

	Percent Who Feel Under Stress At Least Several Days A Week											
	1983 Survey		1987 Survey		1988 Survey		1989 Survey		1990 Survey		1991 Survey	
	Base	%	Base	%	Base	%	Base	%	Base	%	Base	%
Total	1254	28	1250	31	1250	33	1250	30	1254	32	1256	32
Age												
18-29 Years	340	29	318	33	309	35	303	31	286	36	309	36
30-39 Years	285	35	299	38	310	35	300	34	292	39	304	39
40-49 Years	216	26	175	40	202	39	213	37	230	41	220	32
50-64 Years	215	30	238	30	244	33	239	28	229	28	214	26
65 and Over	194	15	211	13	171	20	192	19	209	15	201	21

CHAPTER 6: SMOKING AND TOBACCO USE

Smoking and Nonsmoking

Since the first Prevention Index in 1983, there has been a slow but steady decline in the proportion of Americans who smoke cigarettes. In 1983, 30% said they smoked. In 1991, a significantly lower 25% report practicing this behavior. In contrast to this gradual fall since 1983, this finding represents a dramatic drop of 18 percentage points since 1974 when 43% of Americans smoked (Table 6-1).

In a pattern which has persisted over the entire nine Prevention surveys, the groups most likely to be nonsmokers are aged 65 or older (83%), have at least a four-year college degree (84%), and have household incomes in excess of $50,000 a year (82%).

While small differences between regions, urban and non-urban groups and between racial groupings exist, they are not statistically significant. Men are just as likely as women to be nonsmokers.

And, as in previous years, there is a strong correlation between smoking and self-reported health status. Those who say they are in "excellent" health are far more likely to be nonsmokers (80%) than those who say their health is fair or poor (66%).

Also, not surprisingly, Americans who feel stress less often than several days a week (77%) are likelier than those who feel stress more frequently (71%) to say they are nonsmokers (Table 6-2).

Three in ten Americans report using some form of tobacco. Of those Americans using a tobacco product, 5% smoke a cigar or a pipe or use chewing tobacco (Table 6-3).

Cigarette Smoking

In addition to having a lower socioeconomic status (both less educated and less wealthy), cigarette smokers practice a number of high risk behaviors and generally neglect to follow good preventive health habits.

Smokers are less likely than nonsmokers to exercise strenuously at least three times a week and to drink moderately or not at all. They are more likely to be underweight (nicotine often acts as an appetite suppressant), and to report feeling under stress frequently, and are less likely to get the recommended seven or eight hours of sleep. They also have a greater tendency to neglect getting regular dental check-ups.

Smokers pay less attention than nonsmokers to common diet and nutrition advice. They are less likely to eat enough fiber, to avoid eating too much fat and, especially, to avoid eating too much salt or sodium and caffeine.

Such high risk behaviors as illegal drug use, smoking in bed, and not wearing a seat belt when in the front seat of a car are also more common among smokers than nonsmokers (Table 6-4).

Q.11

Table 6-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	1974	1975	1978	1983	1984	1985	1986	1987	1988	1989	1990	1991
Base	1407	1556	1347	1252	1252	1256	1250	1250	1250	1250	1254	1256
	%	%	%	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	30	28	30	27	28	26	28	26	25
Do not smoke	57	57	61	70	72	70	72	72	74	71	74	75

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources for 1974, 1975 and 1978 data are three national surveys of adults aged 18 and older conducted by Louis Harris and Associates.

Q.11

Table 6-2

PERCENT OF THOSE RESTRICTING THEIR TOBACCO USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

Q.: Do you smoke cigarettes now, or not?

	Base		Do Not Smoke Cigarettes
Total	1256	%	75
Region			
East	303	%	75
South	391	%	75
Midwest	309	%	79
West	253	%	70
Urbanism			
Central city	415	%	72
Rest of metropolitan area	563	%	76
Outside metropolitan area	278	%	77
Sex			
Male	644	%	75
Female	612	%	75
Race			
White	1071	%	75
Black	94	%	71
Hispanic	57	%	80
Age			
18-29 years	309	%	76
30-39 years	304	%	68
40-49 years	220	%	79
50-64 years	214	%	72
65 and over	201	%	83
Education			
Not high school graduate	147	%	61
High school graduate	456	%	72
Some college	318	%	77
Four-year college graduate	334	%	84

(Continued)

Q.11

Table 6-2 (Continued)

PERCENT OF THOSE RESTRICTING THEIR TOBACCO USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

	Base		Do Not Smoke Cigarettes
Total	1256	%	75
Household Income			
$7,500 or less	101	%	71
$7,501-$15,000	118	%	69
$15,001-$25,000	230	%	67
$25,001-$35,000	214	%	72
$35,001-$50,000	220	%	79
$50,001 and over	262	%	82
Self-Described Health Status			
Excellent	303	%	80
Very good or good	785	%	74
Fair or poor	163	%	66
Stress Control			
Take steps to control stress	832	%	75
Do not take steps	417	%	75
Feeling of Stress			
Feel stress at least several days a week	403	%	71
Feel stress less often	847	%	77

Q.11, 12

Table 6-3

TOBACCO USE

Q.: Do you smoke cigarettes now, or not?

Q.: Do you ever smoke a pipe or cigar or use chewing tobacco, or not?

	Total	Smoke Cigarettes	Do Not Smoke Cigarettes
Base	1256	321	934
	%	%	%
Smoke cigarettes	25	100	-
Smoke cigar	3	4	3
Use chewing tobacco	3	4	2
Smoke pipe	2	4	2
Use one or more of these tobacco products	30	100	7

Table 6-4

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS: SMOKERS VS. NONSMOKERS

	1991	1991	
	Survey	Smokers	Nonsmokers
Base:	1256	321	934
	%	%	%
Nonsmoking and Restricted Use of Alcohol			
Do not smoke cigarettes	75	-	100
Drink alcohol moderately	50	50	50
(Drink alcohol moderately or do not drink at all)	88	78	92
Exercise and Weight Control			
Get strenuous exercise three or more days a week	37	33	39
Are within the weight range recommended for their height, build, and sex*	19	18	19
Are not overweight*	37	43	35
Are underweight	18	24	16
Diet and Nutrition			
Try a lot to get enough vitamins and minerals	58	56	58
Try a lot to eat enough fiber	56	50	58
Try a lot to avoid eating too much fat	57	50	59
Try a lot to avoid eating too much salt or sodium	48	36	52
Try a lot to avoid eating too much sugar and sweet food	43	38	44
Try a lot to get enough calcium	48	46	49
Try a lot to avoid eating too many high-cholesterol foods	50	46	51
Try a lot to avoid caffeine in beverages	29	19	32
Control of Stress			
Feel under great stress frequently	32	37	30
Socialize with friends or relatives once a week or more	82	81	83
Get seven or eight hours sleep most nights	62	59	64
Take specific steps to control or reduce stress	66	67	66
Periodic Examinations And Tests			
Have a blood pressure reading at least once a year	85	83	86
Have a dental checkup at least once a year	77	70	79
Have a blood test for cholesterol	56	53	57

(Continued)

---

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991).

Table 6-4 (Continued)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS: SMOKERS VS. NONSMOKERS

	1991	1991	
	Survey	Smokers	Nonsmokers
Base:	1256	321	934
	%	%	%
Safety Precautions			
Say that no one in their home smokes in bed	87	81	90
Say they take specific steps to avoid accidents in and around the home	82	81	82
Say they have a smoke detector in their home	88	87	89
Drivers who say they drive at or below the speed limit all the time*	48	52	47
Drivers who say they either never drive after drinking or don't drink at all*	79	79	79
Say they wear seat belts all the time when in the front seat of a car	69	61	72
Never tried illegal drugs, such as marijuana, speed and downers	95	89	97

---

*Base: Drivers only (1146).

CHAPTER 7: ALCOHOL AND DRUG USE

Alcohol Use

In this year's Prevention Index, nearly four in ten Americans (39%) say they never consume alcoholic beverages. This figure represents a five point increase over 1983's finding of 34%, and a two point rise over last year's finding of 37%. The drop in alcohol consumption appears to have occurred particularly among moderate drinkers. In 1991, half of Americans say they drink, on average, one to three drinks on a day they drink, compared with a higher 54% reporting the same level of alcohol consumption nine years ago. The proportion who drink at least four drinks a day (termed "heavier drinkers") has remained at a consistent 11% over the same period (Table 7-1).

Nondrinkers are far more likely than drinkers to be older, less educated, and less affluent. While a majority of Americans with household incomes of $7,500 or less (64%), those without a high school degree (56%), and those aged 65 and over (60%) say they never drink alcohol, about one-quarter of those with household incomes over $50,000 (26%), college graduates (25%), and those aged 18-29 (28%) practice abstinence. Southerners (48%), residents of rural areas (52%), and women (47%) are likelier than residents of the East (30%), West (35%), and Midwest (38%), residents of urban (36%) and suburban areas (34%), and men (30%) to be nondrinkers, Also, over half (52%) of those in "fair or poor" health say they are nondrinkers, compared with just over one-third of "healthier" adults.

In direct contrast to the demographic profile of nondrinkers, the groups most likely to be moderate drinkers (who drink one to three drinks on a day they drink) are better educated (89% of college graduates) and wealthier

(84% of those whose household incomes exceed $25,000 a year). Consistent with the pattern established among nondrinkers, however, is the greater tendency among women (91%) to drink moderately than among men (73%) (Table 7-2).

Drug Use

After five years of improvement, the proportion of Americans who report they "never use any recreational* drugs such as marijuana, speed, and downers" has not changed significantly. In 1991, 95% of American adults say they never use such drugs, representing a rise of four points over 1985's finding of 91%, and not significantly different from last year's high of 96%. Similarly, the proportion reporting illegal drug use rose insignificantly from 4% to 5% in the last year (Table 7-1).

> Observation:
> This change in illegal drug use, although slight, confirms the findings of a study done by the National Institute on Drug Abuse and from hospital reports, which report that cocaine and heroine use is increasing. According to these sources, these increases are most common in inner cities and among those aged 35 years or older.

As in previous Prevention studies, drug use appears to be more prevalent among younger adults. While 98% of Americans who are at least 40 say they never use illegal drugs, a lower 91% of those aged 18-29 report equally safe behavior (Table 7-2).

This year's findings also represent a reverse in the recent trend of adults under 30 increasingly abstaining from illegal drug use. While, in 1990, 95% of Americans aged 18-29 reported never using such drugs, this proportion has now fallen to 91%. This figure is, however, a sizable twelve point increase from the 79% finding in 1984 (Table 7-3).

---

*The word "recreational" is used in the survey instrument to encourage accurate and truthful responses and in no way should be taken to represent the opinion of Louis Harris and Associates, Inc.

Relationship Among Alcohol, Tobacco, and Drug Use

As has been documented in previous *Prevention* studies, alcohol and cigarette use are clearly related. Nondrinkers (80%) are far more likely than drinkers (71%) to be nonsmokers. This relationship is even stronger among smokers who drink: 42% of nonsmokers do not drink alcohol versus 30% of smokers.

Not surprisingly, smokers are not only more likely to be drinkers, but they are also likelier to drink heavily when they do drink. Just over two-thirds of smokers (69%) but a higher 86% of nonsmokers drink moderately.

Less pronounced, though still evident, is the greater tendency among smokers and drinkers to use illegal drugs. Ninety-seven percent of nonsmokers and 98% of nondrinkers, compared with 89% of smokers and 93% of drinkers, say they never use illegal drugs (Table 7-4).

Q.18, 19, 26a

Table 7-1

TRENDS IN USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages — that is, beer, wine, or liquor — never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers — frequently, sometimes, only occasionally, or never?

	1983		1985		1987		1989		1990		1991	
	Survey		Survey		Survey		Survey		Survey		Survey	
Base	1254		1256		1250		1250		1254		1256	
	%		%		%		%		%		%	
Frequency of Alcohol Consumption												
Never	34		33		36		39		37		39	
Less than 1 day a month	16	65	15	66	13	64	16	60	13	63	16	61
1 to 3 days a month	16		20		19		16		20		20	
1 to 2 days a week	19		19		21		18		18		15	
3 to 4 days a week	7		6		5		5		6		5	
5 to 6 days a week	2		2		1		2		2		1	
Daily/7 days a week	6		4		5		5		5		4	
Not sure	*		*		*		*		*		*	
Quantity of Alcohol Consumption												
1 drink	21	54	22	55	21	50	23	50	20	51	21	50
2 drinks	22		23		20		18		20		20	
3 drinks	10		10		9		9		11		9	
4 drinks	5		4		6		4		4		4	
5 or more drinks	6		7		8		5		7		7	
Not sure	1		*		*		1		*		*	
Illegal Drug Use												
Frequently	X		2		*		1		1		1	
Sometimes	X		7		1		1		1		1	
Only occasionally**	X		X		4		4		2		3	
Never	X		91		94		94		96		95	
Not sure	X		*		-		-		-		-	

X = Not asked.

*Less than 0.5%.
**The "only occasionally" category has been added since 1987.

Q.18, 19, 26a

Table 7-2

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

Q.: In general, how often do you consume alcoholic beverages — that is, beer, wine, or liquor — never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers — frequently, sometimes, only occasionally, or never?

	Base		Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Illegal Drugs
Total	1256	%	39	81	95
Region					
East	303	%	30	83	96
South	391	%	48	83	94
Midwest	309	%	38	84	96
West	253	%	35	74	94
Urbanism					
Central city	415	%	36	78	94
Rest of metropolitan area	563	%	34	82	94
Outside metropolitan area	278	%	52	85	99
Sex					
Male	644	%	30	73	93
Female	612	%	47	91	97
Race					
White	1071	%	36	82	95
Black	94	%	44	89	91
Hispanic	57	%	49	64	95
Age					
18-29 years	309	%	28	70	91
30-39 years	304	%	32	80	94
40-49 years	220	%	37	87	96
50-64 years	214	%	45	90	100
65 and over	201	%	60	92	97

(Continued)

Q.18, 19, 26

Table 7-2 (Continued)

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

	Base		Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Illegal Drugs
Total	1256	%	39	81	95
Education					
Not high school graduate	147	%	56	62	92
High school graduate	456	%	43	79	97
Some college	318	%	37	82	94
Four-year college graduate	334	%	25	89	95
Household Income					
$7,500 or less	101	%	64	73	95
$7,501-$15,000	118	%	43	81	92
$15,001-$25,000	230	%	39	74	96
$25,001-$35,000	214	%	33	85	94
$35,001-$50,000	220	%	35	83	97
$50,001 and over	262	%	26	84	96
Self-Described Health Status					
Excellent	303	%	37	78	98
Very good or good	785	%	36	83	95
Fair or poor	163	%	52	78	92
Stress Control					
Take steps to control stress	832	%	39	84	95
Do not take steps	417	%	37	75	95
Feeling of Stress					
Feel stress at least several days a week	403	%	34	81	93
Feel stress less often	847	%	41	81	96

---

*Based on the 61% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

Q.26

Table 7-3

PERCENT OF THOSE WHO NEVER USE ILLEGAL DRUGS BY AGE (1984, 1987, 1988, 1989, 1990, 1991)

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Percent Who Never Use Drugs											
	1984 Survey*		1987 Survey		1988 Survey		1989 Survey		1990 Survey		1991 Survey	
	Base	%	Base	%	Base	%	Base	%	Base	%	Base	%
Total	1253	91	1250	94	1250	95	1250	94	1254	96	1256	95
Age												
18-29 years	363	79	318	89	309	89	303	88	286	95	309	91
30-39 years	283	89	299	90	310	92	300	90	292	94	304	94
40-49 years	175	95	175	97	202	98	213	97	230	95	220	96
50-64 years	238	100	238	100	244	98	239	98	229	98	214	100
65 and over	190	99	211	100	171	99	192	99	209	100	201	97

---

*Question was not asked in the 1983 survey.

Q.11, 18, 19, 26a

Table 7-4

RELATIONSHIP AMONG PRACTICES OF RESTRICTING ALCOHOL, TOBACCO, AND DRUG USE

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages — that is, beer, wine, or liquor — never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers — frequently, sometimes, only occasionally, or never?

	Total	Do Not Smoke Cigarettes	Smoke Cigarettes	Do Not Drink Alcohol	Drink Alcohol
Base	1256	934	321	463	784
	%	%	%	%	%
Do not smoke cigarettes	75	100	0	80	71
Do not drink alcohol	39	42	30	100	0
Drinker who drinks alcohol moderately*	81	86	69	NA	82
Never use any recreational drugs	95	97	89	98	93

---

*Based on the 786 of all adults who sometimes drink. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

NA = not applicable.

CHAPTER 8: HOME SAFETY PRECAUTIONS

Safety in the Home

Each of this year's home safety measures — taking precautions to avoid accidents in the home, smoke detector usage, and smoking in bed — have registered improvements both in the last year and since 1983.

The most striking change in behavior regarding these three has been in the use of a smoke detector: in 1991, nearly nine in ten Americans (88%) report having a smoke detector in their homes, up two percentage points since last year, but up an overwhelming twenty-one percentage points since the first Prevention Index in 1983 when 67% of homes were equipped with a smoke detector.

The proportion of Americans saying they take special steps or precautions to avoid accidents in and around their homes has risen ten points from 72% in 1983 to 82% of Americans in 1991. And while this year's finding is up four points over last year's 78%, progress since 1987 when 81% reported taking special steps is minimal.

This year's Prevention Index shows no significant change in the proportion of Americans reporting having someone in their household who smokes in bed (the main cause of domestic fires), from 9% in 1990 to 8% in 1991. While this represents a decrease of three percentage points from 1983's high of 11%, this change is still notable given such a low starting base (Table 8-1).

Americans who have a higher socioeconomic status and those under the age of 65 are most likely to report having a smoke detector in their homes. Over nine in ten Americans with a four-year college degree (94%) and those whose household income exceeds $35,000 a year report having smoke detectors in their homes, compared with a lower 83% of those lacking a high school degree, and 84%

of those with household incomes of less than $15,000. Similarly, 89% of adults under 65 say their homes are equipped with smoke detectors, compared with 83% of those 65 and over.

Although Easterners (91%) and Midwesterners (93%) are likelier than Westerners (85%) and Southerners (85%) to say their home is equipped with smoke detectors, differences by region have lessened as the use of smoke detectors has become more diffused.

In fact, since 1990, the gaps between various groups have narrowed considerably for all demographic factors measured. This pattern is most notable for education and household income, where these gaps have fallen from 19 to 11 points and from 18 to 9 points, respectively (Table 8-3).

In contrast to a tendency in past years among lower socioeconomic groups to be most likely to try to avoid accidents in their home, differences by education and wealth, along with differences by other demographic measures in 1991's Prevention Index are not statistically meaningful (Table 8-2).

Q.25, 24, 13

Table 8-1

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

	1983 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	Change Since 1983
Base	1251	1250	1250	1250	1254	1256	
	%	%	%	%	%	%	
Precautions at Home							
Yes, take steps	72	81	82	80	78	82	+10
Smoke Detector							
Have a smoke detector	67	82	81	85	86	88	+21
Smoking in Bed							
Yes, someone smokes in bed	11	8	10	10	9	8	-3

Q.25, 24

Table 8-2

PERCENT OF THOSE TAKING SAFETY PRECAUTIONS AT HOME BY DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid accidents in and around you home?

Q.: Do you have a smoke detector in your home, or not?

	Base		Takes Steps To Avoid Home Accidents	Have Smoke Detector In Home
Total	1256	%	82	88
Region				
East	303	%	81	91
South	391	%	82	85
Midwest	309	%	84	93
West	253	%	79	85
Urbanism				
Central city	415	%	83	90
Rest of metropolitan area	563	%	78	90
Outside metropolitan area	278	%	87	83
Sex				
Male	644	%	80	90
Female	612	%	83	86
Race				
White	1071	%	80	89
Black	94	%	89	86
Hispanic	57	%	85	84
Age				
18-29 years	309	%	80	88
30-39 years	304	%	85	91
40-49 years	220	%	82	88
50-64 years	214	%	80	91
65 and over	201	%	81	83
Education				
Not high school graduate	147	%	80	83
High school graduate	456	%	84	87
Some college	318	%	82	88
Four-year college graduate	334	%	79	94
Household Income				
$7,500 or less	101	%	82	84
$7,501-$15,000	118	%	89	84
$15,001-$25,000	230	%	80	88
$25,001-$35,000	214	%	77	86
$35,001-$50,000	220	%	82	93
$50,001 and over	262	%	79	93

Q.24

Table 8-3

CHANGE IN USE OF SMOKE DETECTORS (1983, 1986, 1988, 1990, 1991)

Q.: Do you have a smoke detector in your home, or not?

	Have Smoke Detector in Home									
	1983 Survey		1986 Survey		1988 Survey		1990 Survey		1991 Survey	
	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap
Total Adults	67%		77%		81%		86%		88%	
Urbanism										
Central city	67		77		80		88		90	
Rest of metropolitan area	68	3	79	7	85	12	87	5	90	3
Outside metropolitan area	65		72		73		83		83	
Race										
White	70		79		84		87		89	
Black	48	22	73	17	72	21	81	6	86	5
Hispanic	59		62		63		85		84	
Age										
18-29 years	70		77		78		86		88	
30-39 years	72		81		87		90		91	
40-49 years	67	12	78	11	85	11	90	12	88	8
50-64 years	64		76		78		85		91	
65 and over	60		70		76		78		83	
Education										
Not high school graduate	52		64		68		72		83	
High school graduate	67		74		80		86		87	
Some college	75	23	82	20	84	20	88	19	88	11
Four-year college graduate	71		84		88		91		94	
Household Income										
$7,500 or less	52		68		74		75		84	
$7,501-$15,000	58		68		72		87		84	
$15,001-$25,000	71	28	75	18	81	15	82	18	88	9
$25,001-$35,000	77		84		85		92		86	
$35,001-$50,000	80		84		87		93		93	
$50,001 and over	76		86		84		92		93	

CHAPTER 9: AUTO SAFETY

Auto Safety

Once again, in 1991, the proportion of Americans who report wearing a seat belt when in the front seat of a car continues to climb. In 1991, 69% of Americans say they wear a seat belt all the time, up from 65% in 1990. Far more spectacular is the rise of 50 percentage points (or a 3 & 1/2 fold increase) from the first Prevention Index measure of 19% taken in 1983 (Table 9-1).

This dramatic change in behavior over the past nine years can be attributed, in large part, to the advent of mandatory seat belt legislation. In 1985, when 41% of Americans said they wore seat belts all the time, 41 states had no seat belt laws in place. In 1991, when 69% of Americans report wearing seat belts all the time, only 10 states have no mandatory seat belt legislation (Table 9-1A).

This phenomenon is also evident in the difference in behavior between those residing in states with seat belt laws, and those residing in states without such laws. In 1991, 71% of those living in states with seat belt laws wore seat belts all the time, compared with only 47% of those in states without such laws. The correlation between seat belt usage and seat belt laws appears to have been strengthened since 1990 as the gap between seat belt usage in states with and without these laws has widened sharply from fifteen percentage points in 1990 to twenty-four percentage points in 1991 (Figure 9-1A).

> Observation:
> Mandatory seat belt laws have had enormous success in encouraging Americans to use seat belts (saving many lives). This is one of the most striking examples of how legislation can quickly achieve huge changes in behavior and clearly benefit the entire society.

As in previous years, the groups least likely to wear seat belts when in the front seat of a car continue to be younger, less educated and less affluent Americans. Americans living in the East and in rural areas are also least likely to be vigilant in this respect (Westerners are most likely to be vigilant).

It is notable that, despite a pattern seen in previous years of Black Americans being less likely than other groups to wear a seat belt, in 1991, differences among the races are not statistically distinguishable (Table 9-2).

While Americans have made sharp gains in seat belt usage, both since last year and since 1983, attention to obeying the speed limit has declined over the same period. In 1991, as in 1990, 48% of Americans say they drive within the speed limit all the time, representing an eight percentage point drop from 1983's finding of 56% (Table 9-1).

Age appears to have a far more profound effect on whether a person obeys the speed limit than on whether a person uses a seat belt. While two-thirds of those aged 65 and over (66%) report never exceeding the speed limit, half this proportion or one-third of adults under 30 report equally prudent behavior. In contrast, these two groups differ on seat belt usage by a mere five percentage points (71% vs. 66%).

In an opposite pattern to that observed for seat belt usage, wealthier and better educated Americans are far more likely than their less fortunate counterparts to violate speed limits. This difference is especially pronounced for household income where only 37% of those earning over $50,000 a year, compared with 63% of those earning $7,500 or less say they never speed. Midwesterners are less likely than Americans from the East, South, or West to speed (Table 9-2).

Despite slippage in obeying speed limits, this year's Prevention Index continues to report good news in the area of driving after drinking. In 1991, 62% of Americans say they never drive after drinking, up ten percentage points from 52% in 1983 and up one point from 61% in 1990. Nearly one-fifth (19%) of drivers say they "sometimes" drive after drinking, and a hard core 2% of drivers say they always drive after drinking (virtually constant since 1985). An additional seventeen percent of drivers say they do not drink (Table 9-1).

Among drivers, men, those aged 30-49, and those with household incomes of over $50,000 a year are most likely to drink and drive (Table 9-2).

Q.20, 22, 23

Table 9-1

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seat belt when you are in the front seat of a car — all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit — all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking — all the time, sometimes, never?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base	1251	1256	1250	1250	1250	1254	1256
	%	%	%	%	%	%	%
Wearing Seat Belts							
All the time	19	41	57	60	63	65	69
Sometimes	26	31	27	26	26	23	22
Never	53	28	15	13	11	11	9
Not applicable (vol.)	1	*	*	1	*	*	*
Not sure	*	*	*	-	*	1	-

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base: (Drivers Only)	1097	1102	1115	1117	1121	1148	1146
	%	%	%	%	%	%	%
Driving at or Below Speed Limit							
All the time	56	50	50	51	49	48	48
Sometimes	38	45	45	44	46	45	46
Never	5	5	4	5	5	5	5
Not sure	*	*	-	-	1	1	1
Driving After Drinking							
All the time	5	3	2	3	2	2	2
Sometimes	25	25	23	19	19	18	19
Never	52	59	49	60	56	61	62
Don't drink (vol.)	16	12	25	18	23	18	17
Not sure	2	1	*	*	*	*	*

---

*Less than 0.5%.

Table 9-1A
SEAT BELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA*

Seat Belt Law By Nov. 1991	No Seat Belt Law In Effect By Nov. 1991
Alabama	Delaware
Arizona	Kentucky
Arkansas	Maine
California	Massachusetts**
Colorado	Nebraska**
Connecticut	New Hampshire
Florida	North Dakota**
Georgia	South Dakota
Idaho	Vermont
Illinois	West Virginia
Indiana	
Iowa	
Kansas	
Louisiana	
Maryland	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
Nevada	
New Jersey	
New Mexico	
New York	
North Carolina	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	
Tennessee	
Texas	
Utah	
Virginia	
Washington	
Washington, D.C.	
Wisconsin	
Wyoming	

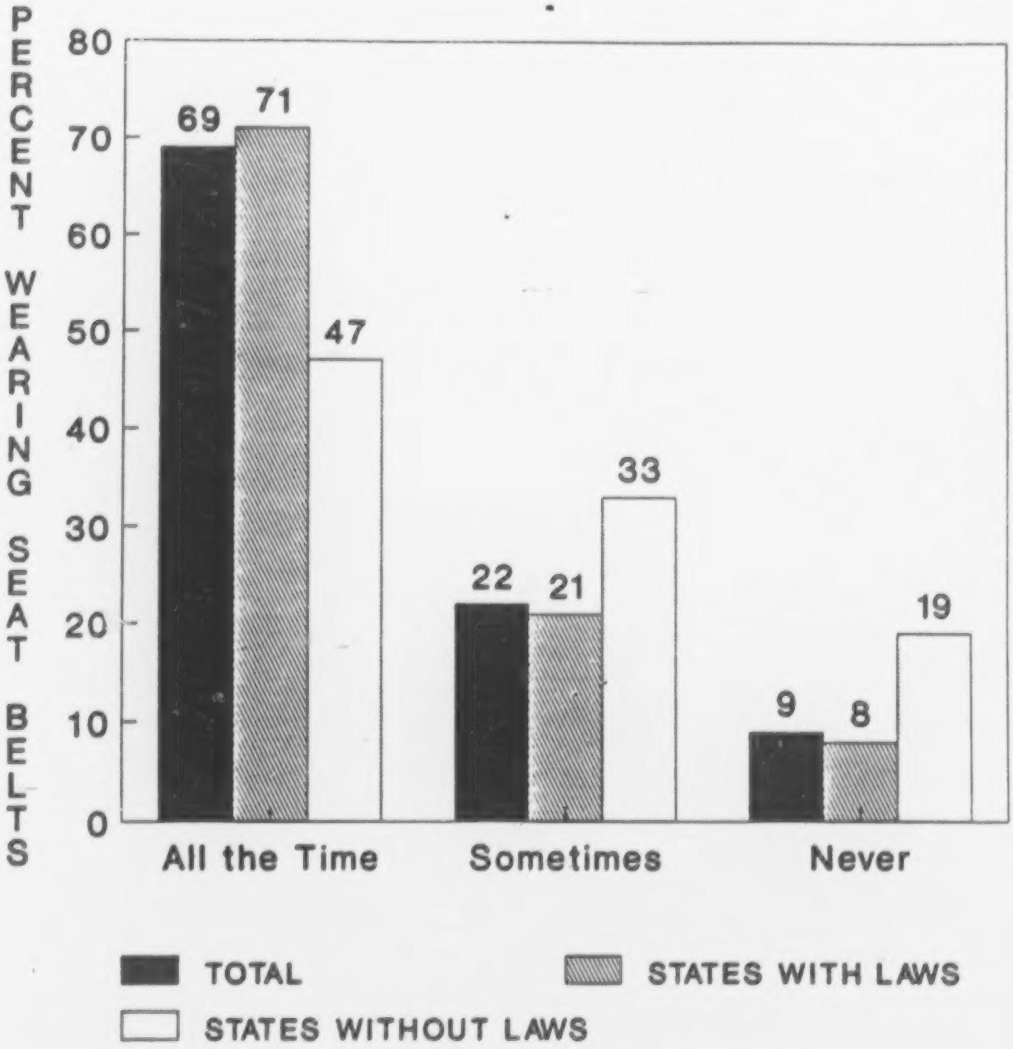
LAW SOURCE: National Highway Traffic Safety Administration, Office of Public and Consumer Affairs, 400 Seventh Street, S.W., Room 5232, Washington, D.C. 20590.

*Alaska and Hawaii are not included in the Prevention Index survey.

**Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election. North Dakota's seat belt law, which was enacted April 11, 1989, was repealed by voter referendum in December 1989.

FIGURE 9-1A

SEAT BELT USE - 1991



Q:How often do you wear a seat belt when you are in the front seat of a car?

Q.20, 22, 23

Table 9-2

PERCENT OF THOSE TAKING AUTO SAFETY PRECAUTIONS BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you wear a seat belt when you are in the front seat of a car — all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit — all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking — all the time, sometimes, never?

	Base		Wear Seat Belt All The Time In Front Seat Of Car	Base: Those Who Drive		Never Exceed Speed Limit*	Never Drive After Drinking Or Never Drink**
Total	1256	%	69	1146	%	48	79
Region							
East	303	%	64	265	%	44	78
South	391	%	69	367	%	47	81
Midwest	309	%	69	287	%	57	79
West	253	%	76	227	%	45	78
Urbanism							
Central City	415	%	73	362	%	48	78
Rest of metropolitan area	563	%	72	527	%	46	79
Outside metropolitan area	278	%	58	257	%	52	87
Sex							
Male	644	%	66	608	%	44	71
Female	612	%	72	538	%	52	87
Race							
White	1071	%	69	994	%	48	78
Black	94	%	67	76	%	51	79
Hispanic	57	%	75	49	%	42	87
Age							
18-29 years	309	%	66	282	%	33	81
30-39 years	304	%	69	282	%	48	74
40-49 years	220	%	70	210	%	48	74
50-64 years	214	%	72	196	%	56	80
65 and over	201	%	71	169	%	66	91

(Continued)

Q.20, 22, 23

Table 9-2 (Continued)

PERCENT OF THOSE TAKING AUTO SAFETY PRECAUTIONS BY DEMOGRAPHIC CHARACTERISTICS

	Base		Wear Seat Belt All The Time In Front Seat Of Car	Base: Those Who Drive		Never Exceed Speed Limit*	Never Drive After Drinking Or Never Drink**
Total	1256	%	69	1146	%	48	79
Education							
Not high school graduate	147	%	68	111	%	52	82
High school graduate	456	%	62	419	%	54	85
Some college	318	%	70	296	%	45	78
Four-year college graduate	334	%	80	320	%	42	80
Household Income							
$7,500 or less	101	%	65	79	%	63	89
$7,501-$15,000	118	%	68	106	%	51	89
$15,001-$25,000	230	%	69	207	%	54	81
$25,001-$35,000	214	%	70	198	%	45	74
$35,001-$50,000	220	%	70	212	%	46	77
$50,001 and over	262	%	73	258	%	37	71

---

*Drivers who drive at or below the speed limit all the time.

**Drivers who never drive after drinking, or never drink.

CHAPTER 10: HEALTH INSURANCE

This year Prevention examines an issue of great importance to Americans -- health insurance. With rapidly rising costs, declining access, and the insecurity about continued coverage, this issue has become increasingly visible in recent years. So visible, in fact, that politicians too are turning their attention to the problems of the health care system and formulating various solutions.

One of the most pivotal aspects of the health care crisis is the lack of universal health insurance. This chapter examines who has coverage and who does not, and asks Americans their view on this issue. Another area of health care with the potential to cut long-term costs substantially and greatly improve Americans' overall health -- preventive health care from doctors -- is also explored.

Health Insurance Coverage

In this survey, nearly nine in ten adult Americans (87%) report they currently have health insurance, and 13%* do not.

The least advantaged and youngest Americans are more likely to be without health insurance. Especially high proportions of Hispanics (41%), individuals without a high school degree (22%), those with household incomes of $7500 or less (25%), and those aged 18-29 (18%) and 30-39 (17%) are without health insurance. The Western region of the country — with a large Hispanic population — has fully 24% uninsured, much higher than the other regions of the U.S.

---

* The latest available government data from the Current Population Survey report 14% uninsured.

Unfortunately, Americans who pay the least attention to good health habits are also less likely to be insured. About one fifth of those who practice no more than half of the recommended preventive habits (21%), cigarette smokers (19%), and nearly one quarter of illegal drug users (24%) have no health insurance. Ironically and sadly, those in only fair or poor health (18%) are slightly more likely than those in excellent (13%) or very good or good (12%) health to have no health insurance, in line with the old joke that "if you are sick enough to need health insurance you probably can't afford it" (Table 10-1).

> Observation:
> Clearly, many of the Americans who are most in need of health insurance must go without it.

Support For Universal Health Insurance

Most Americans are very responsive to the need for health insurance for all groups in society. Nearly three-quarters (74%) support "the idea of health insurance for all Americans, funded by tax dollars." Nineteen percent oppose it and seven percent are not sure (Table 10-2).

While support for universal coverage is widespread among all groups, it is stronger among those most likely to benefit from this measure. For example, 81% of the uninsured, and fully 73% of the insured people support this measure (Table 10-4). Higher proportions of Hispanics (83%), blacks (82%), those with household incomes between $7,501 and $25,000 (80%), and adults under age 40 (78% of those 30-39 and 76% of those 18-29) support tax-supported universal coverage. Cigarette smokers (81%) — with higher health risks — support this measure in higher numbers than do nonsmokers (72%) (Table 10-2).

Preventive Care From A Doctor

For those who have access to medical care, preventive care from a doctor is a highly recommended way of avoiding health problems before they occur (and saving costs in the long run). About two-fifths (42%) of adults said they had visited a doctor for a preventive service in the last year, apart from when they were sick.

Twice as many insured (46%) as uninsured (23%) Americans report having received such preventive care in the last year (Table 10-4). More privileged and older Americans are more apt to have sought preventive care from a doctor. Adults aged 65 and over (58%), and individuals with better-educations (55% of college graduates) and greater wealth (54% of those with household incomes over $50,000) are more likely to have visited a doctor for preventive care. A larger proportion of women (50%) than men (34%) and of whites (46%) than of Hispanics (32%) and blacks (28%) have done the same.

Predictably, attention to good health habits appears to have an impact on whether a person seeks preventive care from a doctor. A majority (56%) of Americans who practice at least 75% of preventive habits, but only 30% of those who practice fewer than half, say they sought preventive care from a doctor in the last year. Similarly, a higher proportion of adults who are either moderate drinkers or who do not drink at all (44%) than of heavy drinkers (27%) report having sought preventive care (Table 10-3).

> Observation:
> Many forms of health insurance do not provide reimbursement for preventive care, helping to explain why only 46% of insured individuals sought preventive care. Nonetheless, insurance appears to have a significant impact, with only half as many (23%) uninsured individuals seeking preventive care.

Q.30

Table 10-1

WHETHER AMERICANS CURRENTLY HAVE HEALTH INSURANCE

Q.: Do you currently have health insurance, or not?

	Base		Yes	No
Total	1256	%	87	13
Region				
East	303	%	88	12
South	391	%	88	12
Midwest	309	%	93	7
West	253	%	76	24
Urbanism				
Urban	415	%	84	16
Suburban	563	%	87	13
Rural	278	%	90	10
Race				
White	1071	%	89	11
Black	94	%	89	11
Hispanic	57	%	59	41
Age				
18-29 years	309	%	82	18
30-39 years	304	%	83	17
40-49 years	220	%	88	12
50-64 years	214	%	89	11
65 and over	201	%	95	5
Education				
Not high school graduate	147	%	78	22
High school graduate	456	%	85	15
Some college	318	%	88	12
Four-year college graduate	334	%	94	6
Household Income				
$7,500 or less	101	%	75	25
$7,501-$15,000	118	%	81	19
$15,001-$25,000	230	%	80	20
$25,001-$35,000	214	%	89	11
$35,001-$50,000	220	%	92	8
$50,001 and over	262	%	93	6
Preventive Habits				
Those who practice 76% to 100%	302	%	87	13
Those who practice 51% to 75%	707	%	89	11
Those who practice 0% to 50%	247	%	79	21
Self-Described Health Habits				
Excellent	303	%	87	13
Very good or good	785	%	88	12
Fair or poor	163	%	82	18
Cigarette Smoker				
Yes	321	%	81	19
No	934	%	89	11
Alcohol Consumption				
Never or moderate	1102	%	88	12
Heavy	145	%	77	23
Illegal Drug Use				
Frequently, sometimes, or only occasionally	64	%	76	24
Never	1191	%	87	13

Q.31

Table 10-2

WHETHER AMERICANS SUPPORT UNIVERSAL HEALTH COVERAGE FUNDED BY TAX DOLLARS BY DEMOGRAPHIC CHARACTERISTICS

Q.: Bearing in mind that it is an additional cost, do you support or oppose the idea of health insurance for all Americans, funded by tax dollars, or not?

	Base		Support	Oppose	Not Sure
Total	1256	%	74	19	7
Race					
White	1071	%	73	21	6
Black	94	%	82	10	8
Hispanic	57	%	83	17	-
Age					
18-29 years	309	%	76	21	3
30-39 years	304	%	78	17	5
40-49 years	220	%	72	24	4
50-64 years	214	%	73	18	9
65 and over	201	%	68	18	14
Household Income					
$7,500 or less	101	%	71	17	12
$7,501-$15,000	118	%	81	13	6
$15,001-$25,000	230	%	80	14	6
$25,001-$35,000	214	%	76	18	6
$35,001-$50,000	220	%	73	23	4
$50,001 and over	262	%	70	25	5
Cigarette Smoker					
Yes	321	%	81	15	4
No	934	%	72	21	8

Q.32

Table 10-3

WHETHER AMERICANS SOUGHT PREVENTIVE CARE IN PAST YEAR BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE ITEMS

Q.: Have you visited a doctor for any kind of preventive service in the past year, apart from when you were sick, or not?

	Base		Yes	No
Total	1256	%	42	57
Sex				
Male	644	%	34	65
Female	612	%	50	50
Race				
White	1071	%	46	54
Black	94	%	28	71
Hispanic	57	%	32	68
Age				
18-29 years	309	%	31	69
30-39 years	304	%	37	63
40-49 years	220	%	50	49
50-64 years	214	%	46	52
65 and over	201	%	58	42
Education				
Not high school graduate	147	%	32	67
High school graduate	456	%	37	63
Some college	318	%	44	56
Four-year college graduate	334	%	55	45
Household Income				
$7,500 or less	101	%	29	70
$7,501-$15,000	118	%	46	54
$15,001-$25,000	230	%	39	60
$25,001-$35,000	214	%	44	56
$35,001-$50,000	220	%	38	61
$50,001 and over	262	%	54	46
Preventive Habits				
Those who practice 76% to 100%	302	%	56	44
Those who practice 51% to 75%	707	%	41	59
Those who practice 0% to 50%	247	%	30	69
Alcohol Consumption				
Never or moderate	1102	%	44	55
Heavy	145	%	27	72

Q.31,32

Table 10-4

WHETHER AMERICANS SUPPORT UNIVERSAL HEALTH INSURANCE AND SOUGHT PREVENTIVE CARE BY HEALTH INSURANCE COVERAGE

Q.: Bearing in mind that it is an additional cost, do you support or oppose the idea of health insurance for all Americans, funded by tax dollars, or not?

Q.: Have you visited a doctor for any kind of preventive service in the past year, apart from when you were sick, or not?

	Total	Have Health Insurance	Do Not Have Health Insurance
Base	1256	1112	143
	%	%	%
Universal Health Insurance For All Americans			
Support	74	73	81
Oppose	19	20	15
Not Sure	7	7	5
Sought Preventive Care From Doctor In Past Year			
Yes	42	46	23
No	57	54	77
Not Sure	*	1	-

---

*Less than 0.5%.

APPENDIX A: METHODOLOGY

METHODOLOGY

The 1991 survey data in this report are based on interviews with 1,256 randomly selected adults across the country, conducted by telephone from November 20 through December 5, 1991. The overall completion rate for this survey was 58% of eligible households reached. The 42% noncompletion rate includes initial refusals, plus terminations during the course of the interview.

The 1991, 1990, 1989, 1988, 1987, 1986, 1985, 1984, and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions — geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. Each PSU yields one interview. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random-Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random-digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random-digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random-digit dialing.

The use of a random-digit-dialing method offers other important advantages:

- The sample is highly representative.
- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.
- Respondents are geographically dispersed, rather than clustered.
- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

- It allows greater stratification of the population (Harris samples have twelve strata).
- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.
- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Nexc, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ, smaller than the skip factor, is selected. Beginning with the random number Ψ, the sample points are then assigned according to where the numbers Ψ, $(\Psi + t/n)$, $(\Psi + 2\ t/n)$, $(\Psi + 3\ t/n)$ . . . . $(\Psi + (n-1)\ t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSUs.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached, or until an interview is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone numbers, i.e., a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables — geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.
3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

- — A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.
- — If a business telephone is reached, or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.
- — Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids automatically accepting as a respondent the adult in the household who routinely answers the phone.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a follow-up fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples (see Table A-1) to correct for subgroup variations in telephone penetration and nonresponse rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching it. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR SAMPLING ERROR OF PROPORTIONS (PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ±11.

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level) To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based		Approximate Magnitude of Results				
		Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs.	1,250	2	3	4	4	4
	1,000	2	3	4	4	4
	500	3	4	5	5	5
	300	4	5	6	6	6
	200	4	6	7	7	7
	100	6	8	9	10	10
	50	8	11	13	14	14
1,000 vs.	1,000	3	4	4	4	4
	500	3	4	5	5	5
	300	4	5	6	6	6
	200	5	6	7	7	8
	100	6	8	9	10	10
	50	9	11	13	14	14
500 vs.	500	4	4	6	6	6
	300	4	6	7	7	7
	200	6	7	8	8	8
	100	7	9	10	11	11
	50	9	12	13	14	15
300 vs.	300	5	6	7	8	8
	200	5	7	8	9	9
	100	7	9	10	11	11
	50	9	12	14	15	15
200 vs.	200	6	8	9	10	10
	100	7	10	11	12	12
	50	9	12	14	15	15
100 vs.	100	8	11	13	14	14
	50	10	14	16	17	17
50 vs.	50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13 percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years, as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table A-1

PROFILE OF THE 1991 ADULT SAMPLE

	Base	Unweighted Proportion In Sample	Weighted Proportion In Sample
Total Adults	1256	100	100
Region			
East	303	24	24
South	391	31	31
Midwest	309	25	23
West	253	20	21
Urbanism			
Central city	415	33	35
Rest of metropolitan area	563	45	44
Outside metropolitan area	278	22	21
Sex			
Male	644	51	48
Female	612	49	52
Race			
White	1071	85	79
Black	94	7	11
Hispanic	57	5	8
Age			
18-29 years	309	25	25
30-39 years	304	24	24
40-49 years	220	18	18
50-64 years	214	17	18
65 and over	201	16	16
Education			
Not high school graduate	147	12	13
High school graduate	456	36	37
Some college	318	25	24
Four-year college graduate	334	27	26
Household Income			
$7,500 or less	101	8	10
$7,501-$15,000	118	9	13
$15,001-$25,000	230	18	17
$25,001-$35,000	214	17	14
$35,001-$50,000	220	18	16
$50,001 and over	262	21	22

APPENDIX B: THE QUESTIONNAIRE

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Questionnaire No.:____________

(1-5)___

Study No. 912059 (Prevention IX --Adults)
(8-13)

Card No. (6-7)

November 20, 1991

Sample Point No. / / / / / / / /
4* 24-25-26-27-28-29-30

Time Started:______________ __A.M./P.M.

Interviewer:________________________________ Date:________________________

Area Code:____________ Telephone No.:________________________________
4*(9-11) 4*(12-18)

Hello, I'm ____________________ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a survey of the American people on the subject of health and safety. May I please speak to the youngest adult (male/female/ person) in the household over 18 who is at home now?

1* (14) Continue ____-1

FROM OBSERVATION: Respondent Sex:

Male......(15(48 -1
Female........ 52 -2

Sections

Regular # - Prevention Index
L. Medicine Labeling
P. Non-Prescription Pain Relievers
C. Fiber/Cholesterol
W. Shredded Wheat
A. Auto Safety
F. Factuals

1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

Excellent	(16(	25	-1
Very good		33	-2
Good		28	-3
Fair		11	-4
Poor		2	-5
Not sure		*	-6
Refused		-	-7

2. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year	(17(	57	-1
Once a year		28	-2
Every two years		4	-3
Every three or four years		2	-4
Every five years or less often		2	-5
Never		4	-6
Not sure		3	-7
Refused		-	-8

3. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year	(18(	21	-1
Once a year		34	-2
Every two years		7	-3
Every three or four years		4	-4
Every five years or less often		4	-5
Never		25	-6
Not sure		4	-7
Refused		-	-8

4. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year	(19(	51	-1
Once a year		26	-2
Every two years		5	-3
Every three or four years		2	-4
Every five years or less often		5	-5
Never		9	-6
Not sure		1	-7
Refused		*	-8

5. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

ROTATE -- START AT "X"		Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
( ) a. Avoid eating too much salt or sodium..	(20(	48 -1	33 -2	17 -3	1 -4	* -5
( ) b. Avoid eating too much fat.............	(21(	57 -1	32 -2	10 -3	1 -4	- -5
( ) c. Eat enough fiber from whole grains, cereals, fruits, and vegetables.......	(22(	56 -1	32 -2	12 -3	1 -4	- -5
( ) d. Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats......................	(23(	50 -1	34 -2	15 -3	1 -4	- -5
( ) e. Get enough vitamins and minerals in foods or in supplements..............	(24(	58 -1	31 -2	10 -3	1 -4	- -5
( ) f. Avoid eating too much sugar and sweet food..........................	(25(	43 -1	40 -2	16 -3	1 -4	* -5
( ) g. Get enough calcium in foods or in supplements..........................	(26(	48 -1	35 -2	16 -3	1 -4	* -5
( ) h. Avoid caffeine in beverages, such as coffee, tea, and certain soda pop.....	(27(	29 -1	35 -2	35 -3	1 -4	* -5
( ) i. Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings................	(28(	33 -1	35 -2	31 -3	* -4	- -5
DO NOT ROTATE						
j. Eat fish twice a week.................	(29(	27 -1	33 -2	39 -3	1 -4	- -5
k. Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower.............	(30(	59 -1	28 -2	12 -3	1 -4	- -5

6. In feet and inches, what is your height without shoes on? ROUND TO NEXT HIGHEST INCH

4'-10" or less	(31(	1	-1
4'-11"		1	-2
5'-0"		3	-3
5'-1"		3	-4
5'-2"		8	-5
5'-3"		6	-6
5'-4"		8	-7
5'-5"		7	-8
5'-6"		9	-9
5'-7"	(32(	8	0
5'-8"		8	-1
5'-9"		7	-2
5'-10"		7	-3
5'-11"		7	-4
6'-0"		7	-5
6'-1"		2	-6
6'-2"		2	-7
6'-3"		2	-8
6'-4"		1	-9
6'-5"	(33(	*	-0
6'-6"		*	-1
More than 6'-6"		*	-2
Not sure		1	-3
Refused		*	-4

7. Please tell me your present weight without clothes. WRITE IN NUMBER

130 lbs. or Less = 25%
131-155 = 24%
156-180 = 27%
181 and Over = 21%
Mean = 159

/ / / / lbs. 1-997
(34-36)

Not sure..(34-36)_1_-998
Refused.........._1_-999

8. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small	(37(	18	-1
Medium		61	-2
Large		21	-3
Not sure		*	-4
Refused		-	-5

9. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise	(38(	77	-1
Do not get regular exercise		23	-2
Not sure		*	-3
Refused		-	-4

10. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never	(39(	21	-1
Less than 1 day a month		6	-2
1 to 3 days a month		12	-3
1 day a week		11	-4
2 days a week		12	-5
3 days a week		17	-6
4 to 5 days a week		9	-7
6 to 7 days a week		11	-8
Not sure		1	-9
Refused	(40(	*	-0

11. Do you smoke cigarettes now, or not?

Smoke now	(41(	25	-1
Don't smoke now		75	-2
Not sure		*	-3
Refused		-	-4

12. Do you ever smoke a pipe or cigar or use chewing tobacco, or not?
MULTIPLE RECORD IF NECESSARY

Pipe	(42(	2	-1
Cigar		3	-2
Chewing tobacco		3	-3
None of these		92	-4
Not sure		1	-5
Refused		-	-6

13. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed	(43(	8	-1
No, no one ever smokes in bed		87	-2
No one in household smokes (vol.)		5	-3
Not sure		*	-4
Refused		-	-5

14. About how often do you socialize with close friends, relatives, or neighbors?
READ LIST IF NECESSARY

More than twice a week	(44(	47	-1
Twice a week		17	-2
Once a week		19	-3
2 to 3 times a month		7	-4
Once a month		6	-5
Less than once a month		2	-6
Never		1	-7
Not sure		1	-8
Refused		-	-9

15. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day............(45(	18	-1
Several days a week............	14	-2
Once or twice a week............	30	-3
Less often than once a week.....	28	-4
Never............................	9	-5
Not sure.........................	*	-6
Refused..........................	-	-7

16. Do you consciously take steps to control or reduce the stress in your life, or not?

Yes, take steps to control..(46(	66	-1
No, don't take steps............	33	-2
Not sure.........................	1	-3
Refused..........................	-	-4

17. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours...........(47(	2	-1
5 hours..........................	4	-2
6 hours..........................	20	-3
7 hours..........................	29	-4
8 hours..........................	33	-5
9 hours..........................	6	-6
10 hours or more.................	4	-7
Not sure.........................	1	-8
Refused..........................	*	-9

18. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never......................(48(	39	-1	(SKIP TO Q.20)
Less than 1 day a month.........	16	-2	(ASK Q.19)
1 to 3 days a month.............	20	-3	
1 to 2 days a week..............	15	-4	
3 to 4 days a week..............	5	-5	
5 to 6 days a week..............	1	-6	
Daily/7 days a week.............	4	-7	
Not sure........................	*	-8	
Refused.........................	*	-9	

19. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink	(49(	34	-1
2 drinks		33	-2
3 drinks		14	-3
4 drinks		6	-4
5 or more drinks		12	-5
Not sure		1	-6
Refused		*	-7

ASK EVERYONE

20. How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time	(50(	69	-1
Sometimes		22	-2
Never		9	-3
Not applicable (vol.)		*	-4
Not sure		-	-5
Refused		-	-6

21. Do you drive a car?

Yes, drive	(51(	90	-1	(ASK Q.22)
No, do not drive		10	-2	(SKIP TO Q.24)
Refused		-	-3	

22. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time	(52(	48	-1
Sometimes		46	-2
Never		5	-3
Not sure		1	-4
Refused		-	-5

23. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time	(53(	2	-1
Sometimes		19	-2
Never		62	-3
Don't drink (vol.)		17	-4
Not sure		*	-5
Refused		*	-6

ASK EVERYONE

24. Do you have a smoke detector in your home, or not?

Have a smoke detector.......(54(88 -1
Do not have a smoke detector.... 12 -2
Not sure...................... * -3
Refused....................... - -4

25. Do you take any special steps or precautions to avoid accidents in and around your home?

Yes, take steps............(55(82 -1
No, don't take steps........... 18 -2
Not sure...................... * -3
Refused....................... * -4

26. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Frequently.........(56(1 -1
Sometimes............. 1 -2
Only occasionally...... 3 -3
Never.................. 95 -4
Not sure............... - -5
Refused................ * -6

ASK Q.27-29 OF WOMEN ONLY -- SKIP MEN TO Q.30.

27. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year.(57(15 -1
Once a year.................... 61 -2
Every 2 years.................. 6 -3
Every 3 years.................. 3 -4
Every 4 or 5 years............. 3 -5
Every 6 years or less often..... 3 -6
Never.......................... 8 -7
Not applicable (vol.).......... 1 -8
Not sure....................... 1 -9
Refused....................(58(* -0

28. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month	(59(	48	-1
Several times a year		27	-2
Once a year		11	-3
Less than once a year		2	-4
Never		10	-5
I never do it -- doctor does it (vol.)		1	-6
Not applicable (vol.)		-	-7
Not sure		*	-8
Refused		*	-9

29. How often do you have a mammogram test for breast cancer?

More often than once a year	(60(	4	-1
Once a year		34	-2
Every 2 years		9	-3
Every 3 years		2	-4
Every 4 or 5 years		2	-5
Every 6 years or less often		1	-6
Never		46	-7
Have had baseline mammogram (vol.)		1	-8
Not applicable (vol.)		1	-9
Not sure	(61(	1	-0
Refused		*	-1

ASK EVERYONE

30. Do you currently have health insurance, or not?

Yes	(62(	87	-1
No		13	-2
Not sure		*	-3
Refused		-	-4

31. Bearing in mind that it is an additional cost, do you support or oppose the idea of health insurance for all Americans, funded by tax dollars, or not?

Support	(63(	74	-1
Oppose		19	-2
Not sure		7	-3
Refused		*	-4

32. Have you visited a doctor for any kind of preventive service in the past year, apart from when you were sick, or not? (IF NECESSARY: Please do not include visits to the dentist.)

Yes	(64(	42	-1
No		57	-2
Not sure		*	-3
Refused		-	-4

ASK EVERYONE

F1. How old are you? IF HESITANT, READ LIST

18 to 20	(32(	6	-1
21 to 24		8	-2
25 to 29		10	-3
30 to 34		13	-4
35 to 39		11	-5
40 to 44		10	-6
45 to 49		7	-7
50 to 54		7	-8
55 to 59		5	-9
60 to 64	(33(	6	-0
65 and over		16	-1
Not sure		-	-2
Refused		1	-3

F2. What is the last grade or level of school you completed?

No formal schooling	(34(	*	-1
First through 7th grade		2	-2
8th grade		1	-3
Some high school		10	-4
High school graduate		37	-5
Some college		19	-6
Two-year college graduate		6	-7
Four-year college graduate		16	-8
Postgraduate		10	-9
Trade/technical/vocational after high school*			
Not sure	(35(	*	-0
Refused		-	-1

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO APPROPRIATE CATEGORY

F3. Which of the following income categories best describes your total 1990 household income? Was it (READ LIST)?

$7,500 or less	(36(	10	-1
$7,501 to $15,000		13	-2
$15,001 to $25,000		17	-3
$25,001 to $35,000		14	-4
$35,001 to $50,000		16	-5
$50,001 or over		22	-6
Not sure		5	-7
Refused		4	-8

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES -- IF UNSURE OF 1990 INCOME, PROBE FOR ESTIMATE

F4. Are you of Hispanic descent, or not?

Yes, of Hispanic descent	(37(	8	-1
No, not of Hispanic descent		91	-2
Not sure		1	-3
Refused		*	-4

F5. Do you consider yourself white, black, Asian, or some other race?

White	(38(	81	-1
Black		12	-2
Asian or Pacific Islander		1	-3
American Indian or Alaskan native		1	-4
Not sure		4	-5
Refused		1	-6

IF YES, ARE CHILDREN, GO TO CHILD PROXY. IF NO CHILDREN OR REFUSED, END INTERVIEW.

Thank you very much for your cooperation!

TIME ENDED:_______________AM/PM

SUMMARY REPORT

THE PREVENTION INDEX

1992

A REPORT CARD
ON THE
NATION'S HEALTH

A PROJECT OF
PREVENTION
MAGAZINE

CONTENTS

PART ONE

The Prevention Index:
A Report Card on the Nation's Health

A Project of PREVENTION Magazine

Robert Rodale
Editor, PREVENTION Magazine, 1971-1990

Richard Porter
Publisher, PREVENTION Magazine

Thomas Dybdahl
Research Director, PREVENTION Magazine

Mark Schwartz, Ph.D.
Technical Director, The Prevention Index

PART TWO

Prevention in America 9:
Steps People Take—or Fail to Take—for Better Health,
Survey Summary

Consumers' survey conducted for PREVENTION Magazine
by Louis Harris & Associates, Inc.
Fieldwork: November-December, 1991

Project Directors:

Humphrey Taylor
President
Louis Harris & Associates, Inc.

Robert Leitman
Senior Vice President
Louis Harris & Associates, Inc.

Susan Barnett
Research Associate
Louis Harris & Associates, Inc.

APPENDIX

Trends in Twenty-Four Preventive Behavior Items
Procedures for Computing the Prevention Index
A Note on Survey Methods

Copyright 1992 by Rodale Press, Inc.

PREFACE

When we conducted the first Prevention Index survey in 1983, our primary motivation was curiosity. We wanted to know how many people were practicing some important health-promoting behaviors, like limiting fat, not smoking, and getting regular exercise.

The eight surveys since then have certainly satisfied our curiosity. Now, our major concern is to understand health behavior, and to learn how we can promote and sustain good health habits.

In some areas—like seat belt use—the past eight years have shown almost continuous progress. With other activities, such as frequent strenuous exercise, things have been relatively static. And in a few areas, such as efforts to get dietary fiber, we have seen declines.

These varied trends offer some useful lessons. Broad educational efforts, backed by legislation, can have a huge impact on behavior. But knowledge, by itself, may not be enough to effect lifestyle changes.

At PREVENTION Magazine, our goal is not only to provide people with the information they need to improve their health, but also to empower them to act. We hope this annual report card will be both a mark of progress and a catalyst for action.

Richard Porter
Publisher
PREVENTION Magazine

PART ONE

THE PREVENTION INDEX 1992

The Prevention Index score for 1992 is 66.5 out of a possible 100 points. This is the highest score recorded, topping the 66.2 achieved in both 1990 and 1991.

The 1992 score is exactly five points higher than the 61.5 we received in 1984, the first year of the Index. Over the past eight years, we have shown an 8.1 percent increase.

What does a score of 66.5 actually mean? The Index is a composite score, based on 21 major health-promoting behaviors. Each behavior is weighted for its health impact, based on the judgement of a panel of public health experts. The total values are then adjusted to a scale of 100. An Index score of 100 would mean that everyone was doing all 21 preventive acts; zero would mean that no one was doing any of them. (For details on computing the Index, see the Appendix.)

So this year's score means that the average American practices about two-thirds of the behavior items that are tracked by the survey.

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by the experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating (on a scale of one to 10) of its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

PLAYING IT SAFE

Although the total Index score rose only slightly, this year's survey data showed quite a lot of action, both good and bad.

Some positive trends continued this year, particularly in the area of safety. The two biggest gainers over the past eight years—smoke detectors and seat belts—continued to climb. The percentage of homes having smoke detectors rose to 88 percent, up from 86 percent last year and just 67 percent in 1984. And 69 percent of adults now say they always buckle up when in the front seat of a car, compared to 65 percent last year and just 19 percent who made that claim eight years ago.

The survey also showed a significant change—from 78 percent to 82 percent—in the percentage of adults who take steps to avoid accidents at home. Curiously, the biggest jumps came among better educated and higher income groups, who have traditionally trailed in this area.

Driving after drinking also continued its decline, falling to 18 percent of adults, down from 28 percent in 1984. This trend, along with increased seat belt use and new auto safety features, has helped drive the motor vehicle fatality rate to its lowest level ever.

There were two other hopeful signs as well. First, the number of adults who report getting regular, strenuous exercise, a figure which had been stalled for several years, rose to 37 percent. The growing body of evidence on the major health benefits of exercise may help promote this trend.

Second, smoking fell one point, from 26 to 25 percent. While this drop is not statistically significant, it puts smoking at the lowest point recorded. Yet one in four adults still practices this dangerous behavior.

FOOD FOR THOUGHT

The numbers also show, however, that America's struggle with a healthy diet continues.

In recent years, the nutritional spotlight has been on fat and cholesterol. As a result, since 1987 efforts to limit foods high in cholesterol have risen eight points (from 42 to 50 percent), and efforts to limit fat have climbed three points (from 54 to 57 percent).

But other important dietary factors seem to have suffered through neglect. Since 1987, efforts to limit salt or sodium have fallen six points (from 54 to 48 percent), efforts to limit sugar or sweet foods have slipped six points (from 49 to 43 percent), efforts to get enough dietary

THE PREVENTION INDEX, 1992

Health-Promoting Behavior	Adults Practicing %	Experts' Rating, Scale 1-10	Value Contributed to Index
1. Do Not Smoke	75	9.78	4.4
2. Avoid Smoking in Bed	92	9.24	5.1
3. Wear Seat Belt	69	9.16	3.8
4. Avoid Driving after Drinking	82	9.03	4.5
5. Smoke Detector in Home	88	8.53	4.5
6. Socialize Regularly	82	8.31	4.1
7. Frequent Strenuous Exercise	37	8.20	1.8
8. Drink Alcohol Moderately	90	8.15	4.4
9. Avoid Home Accidents	82	8.07	4.0
10. Limit Fat in Diet	57	7.82	2.7
11. Maintain Proper Weight	19	7.71	0.9
12. Obey Speed Limit	53	7.65	2.4
13. Annual Blood Pressure Test	85	7.62	3.9
14. Control Stress	71	7.58	3.2
15. Consume Fiber	56	7.41	2.5
16. Limit Cholesterol in Diet	50	7.15	2.2
17. Adequate Vitamins/Minerals	58	7.12	2.5
18. Annual Dental Examination	77	7.08	3.3
19. Limit Sodium in Diet	48	7.04	2.0
20. Limit Sugar in Diet	43	6.90	1.8
21. 7-8 Hours Sleep/Night	62	6.71	2.5
Prevention Index			**66.5**

fiber have dropped four points (from 60 to 56 percent), and concern about adequate vitamins and minerals in the diet is down one point (from 59 to 58 percent).

During this same period, the percentage of people within the recommended weight range for their age, sex and body build has also declined substantially—from 24 percent to just 19 percent. Currently, 63 percent of American adults are over their recommended weight range.

These findings suggest that while a majority of Americans want to have a healthier diet, many are unable to integrate good nutrition into a long-term lifestyle. They can control their diet—limit fat, or sugar, or salt, or lose weight—for a time, but they have great difficulty doing so on a permanent basis. There's no law that can make people eat better.

The good news is that we know, in general terms at least, what makes a good diet. The challenge before us, as individuals and as a nation, is to turn that knowledge into action.

Prevention Index Scores

1984	61.5
1985	63.2
1986	64.1
1987	65.2
1988	64.8
1989	65.4
1990	66.2
1991	66.2
1992	66.5

SURVEY HIGHLIGHTS

A major hope of the 1980's—that most Americans would adopt healthier lifestyles—may have been overly optimistic. In the past nine years the Prevention Index has shown that changes in many important risk behaviors are extremely difficult to achieve.

In the area of medical exams, for instance, there has been modest progress in the proportion of Americans reporting annual blood pressure tests (up three points since 1983) and annual cholesterol exams (up eight points since 1985). Women's exams are also showing only modest gains, with Pap smears every other year up six points and monthly breast self-examinations up 11 points. For each of these four exams, large numbers of people do not follow the appropriate preventive procedures.

Changes in other behaviors since 1983 have been even less substantial. Smoking among adults has dropped only five percentage points, from 30 to 25 percent. Regular strenuous exercise is up only three points, to 37 percent. The proportion of overweight adults has actually increased five points over the last nine years.

Attention to good nutrition habits has also changed relatively little during this time. While the percentage who "try a lot" not to eat too many high-cholesterol foods is up eight points, efforts to limit fat are up only two points, and attempts to get enough dietary fiber are actually down three points.

LAWS, NOT LIFESTYLES

The most dramatic areas of improvement have been brought about not by lifestyle changes, but by technology and legislation. Mandatory seat belt laws have helped to more than triple the proportion of Americans who report wearing a seat belt when in the front seat of a car, from 19 percent in 1983 to 69 percent in 1991. Also remarkable is the rise in the percentage of Americans who equip their homes with smoke detectors—up 21 points from 67 percent in 1983 to 88 percent in 1991.

The proportion of drivers who admit they drink and drive has also fallen sharply over the same period—from 30 percent to 21 percent. Experts have attributed this change to public education and tougher laws.

These results clearly show that laws can cause major changes in behavior. The use of new technology can also grow rapidly. But lifestyle changes requiring self-discipline are much more difficult to effect.

SMOKING AND TOBACCO USE

Over the past decade, there has been a slow but steady decline in the proportion of Americans who smoke. In 1983, 30 percent said they smoked cigarettes. In 1991, a significantly lower 25 percent report practicing this behavior. The average decline over this period is slightly more than one-half of one percentage point each year.

ALCOHOL AND ILLEGAL DRUG USE

Nearly four in 10 Americans (39 percent) say they never drink alcoholic beverages. This figure represents a five-point increase over 1983's finding of 34 percent, and a two-point rise over last year's finding of 37 percent. The drop in alcohol consumption appears to have occurred particularly among moderate drinkers. In 1991, half of Americans say they drink, on average, one to three drinks on a day they drink, compared with a higher 54 percent reporting the same level of alcohol consumption nine years ago.

After five years of steady improvement, the proportion of adults who report they never use illegal drugs has levelled off. In 1991, 95 percent of adults say they never use such drugs, a rise of four points over 1985's finding of 91 percent, but not significantly different from last year's high of 96 percent.

STRESS

The number of Americans who report that they experience stress at least once a week has risen seven percentage points over the last nine years, from 55 percent in 1983 to 62 percent in 1991. Along with this increasing experience of stress, however, people are more likely to take action to manage stress. In 1983, 59 percent said they took steps to control or reduce the stress in their lives. In 1991, this number has risen to 66 percent.

EXERCISE

The number of Americans who exercise regularly has remained stable over the last seven years. In 1991, as in 1985, just over three-quarters (77 percent) of adults say they get some regular exercise.

Participation in strenuous exercise may, however, have increased slightly over the same period. In 1991, 37 percent of adults exercise strenuously at least three days a week, up three points from both 1983's and 1990's findings. Younger, better educated and more affluent adults and men are more likely than others to get frequent strenuous exercise.

> **THE MOST DRAMATIC AREAS OF IMPROVEMENT HAVE BEEN BROUGHT ABOUT BY LEGISLATION, NOT BY LIFESTYLE CHANGES.**

NUTRITION

This year's survey has good—and bad—news about nutrition concern. On one hand, there has been increased vigilance regarding fat and cholesterol intake. Although these two areas have not changed significantly over the past year (each up one point), avoiding high-cholesterol foods is up eight points and avoiding fatty foods is up two points since 1983.

On the other hand, in the last year there have been three-point declines in four nutrition categories: the number of Americans who "try a lot" to get enough fiber, avoid too much salt or sodium, avoid too much sugar or sweet food, and avoid caffeine in beverages.

WEIGHT CONTROL

There is no evidence that Americans are making progress in battling excess weight. Sixty-three percent of adults are over the recommended weight range for their build, and 33 percent are at least 10 percent over this range. In 1983, 58 percent were overweight, and 30 percent were 10 percent or more over the recommended range.

REGULAR MEDICAL EXAMS

Eighty-five percent of adults report having their blood pressure checked at least once a year. This represents only a marginal gain of three points over 1983's finding of 82 percent. Over half of adults (56 percent) report having a cholesterol test done at least annually. This number is a significant improvement over 1985's finding of 48 percent, but is virtually unchanged since 1990.

The proportion of people having a dental check-up at least once a year continues to rise. In 1991, 77 percent of adults report having this exam annually, up from 75 percent last year and 71 percent in 1983.

Women show continued progress in having regular Pap smear tests at least every two years and doing monthly breast self-examinations. Just over eight in 10 adult women (81 percent) say they have a Pap smear test for cancer at least every two years. Forty-eight percent of women say they examine their breasts to detect any possible cancer at least once a month.

In a new question in this year's survey, nearly half (47 percent) of women report having a mammogram for breast cancer at least every two years. Because an annual mammogram is strongly recommended for older women, it is not surprising that higher proportions of women age 40 or more (67 percent) have a mammogram at least every two years.

HOME SAFETY PRECAUTIONS

Each of this year's home safety measures—taking precautions to avoid accidents in the home, smoke detector usage, and smoking in bed—have registered improvements both in the last year and since 1983.

The most striking change has been in the use of a smoke detector. Nearly nine in 10 American homes (88 percent) now have smoke detectors, up two percentage points since last year, but up 21 percentage points since 1983.

The proportion of adults saying they take special steps or precautions to avoid accidents in and around their homes has risen 10 points, from 72 percent in 1983 to 82 percent in 1991. And in the area of smoking in bed—the main cause of domestic fires—just eight percent of adults say someone in their household practices this unsafe habit.

AUTOMOBILE SAFETY

The percentage of people who say they always wear a seat belt when in the front seat of a car continues to climb. Sixty-nine percent of Americans say they wear seat belts all the time, up from 65 percent in 1990. Far more spectacular is the rise of 50 percentage points from the first measure of 19 percent taken in 1983.

While Americans have made sharp gains in seat belt usage, attention to obeying the speed limit has decreased over the past nine years. In 1991, 48 percent of drivers say they drive at or below the speed limit all the time, an eight percentage point drop from 1983's finding of 56 percent. And while the number of adults who drink and drive has remained constant since last year at 21 percent, this number represents a fall of nine points since 1983.

HEALTH INSURANCE

Eighty-seven percent of adult Americans report that they currently have health insurance; 13 percent say they do not. Those most in need of health insurance—the least advantaged and those who pay the least attention to good health habits—are also the least likely to be insured.

Most people are very responsive to the need for health insurance for all groups in society. Nearly three-fourths (74 percent) support the idea of "health insurance for all Americans, funded by tax dollars." Nineteen percent oppose this type of universal coverage, and seven percent aren't sure. While support for universal coverage is widespread among all demographic groups, it is strongest among those most likely to benefit: the uninsured, the underprivileged, and individuals with higher health risks.

For those who have access to medical care, preventive care from a doctor is a highly recommended way of avoiding health problems before they occur. About two-fifths (42 percent) of adults said they had visited a doctor for a preventive service in the last year, apart from when they were sick. Twice as many insured (46 percent) as uninsured (23 percent) Americans report having received such preventive care. Older, wealthier, and highly educated adults are more likely to have sought preventive care from a doctor.

MEDICINE USE AND LABEL READING

Eighty-two percent of American adults say that in the past year they have taken over-the-counter medications, and 85 percent say they have taken prescription drugs.

With both prescription and non-prescription medicines, nine out of 10 users say they read the labels before using the medicine. However, 10 percent of those who read labels on over-the-counter medications, and 11 percent of those who read prescription drug labels, say they usually don't understand the information given.

PART TWO

PREVENTION IN AMERICA 9:

STEPS PEOPLE TAKE—OR FAIL TO TAKE—FOR BETTER HEALTH

SUMMARY

This is the ninth annual survey of the American public commissioned by PREVENTION Magazine, a publication of Rodale Press, as part of an ongoing project known as the Prevention Index. Each year the Prevention Index measures the efforts Americans are making to promote and enhance good health and longevity and to safeguard themselves from accidents and disease.

In order to examine the health behavior of Americans, Louis Harris and Associates interviewed 1,256 randomly selected adults across the country by telephone, from November 20, 1991 through December 5, 1991. The interviews focused on several risk factors and health habits which are believed to influence long-term health. In each of the nine annual surveys, 24 key factors have been highlighted, providing the Prevention Index with powerful trend data and analysis.

In addition to tracking key trends, the 1991 survey examines the issues of health insurance, and medicine use and label reading. Information on survey methodology is included as part of the appendix to this report.

SURVEY ACCURACY

Surveys are subject to several sources of error. The most important are:

- **NONRESPONSE**, if those who are interviewed differ from those who are not interviewed.
- **RANDOM OR SAMPLING ERROR**, which may in theory be substantial, even on very large surveys.
- **QUESTION WORDING**, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Despite these possible sources of error, the results presented in this report do reflect the most reliable information available. And the 1991 survey, along with its earlier counterparts, provides one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

A NOTE ON READING THE TABLES

An asterisk (*) on a table signifies a value of less than one-half percent (0.5 percent). A dash (-) represents a value of zero. Percentages may not always add up to 100 percent because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

PUBLIC RELEASE OF SURVEY FINDINGS

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

PROJECT RESPONSIBILITY AND ACKNOWLEDGEMENTS

Louis Harris and Associates would like to thank PREVENTION Magazine, Richard Porter, PREVENTION's publisher, and Tom Dybdahl, who manages the project for PREVENTION, for their continued support.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation of the report.

The Harris team responsible for the design and analysis of the questionnaire was Humphrey Taylor, President; Robert Leitman, Senior Vice President; and Susan Barnett, Research Associate.

EXERCISE AND WEIGHT CONTROL

AMERICANS DO NOT SEEM TO BE MAKING ANY PROGRESS IN BATTLING EXCESS WEIGHT.

EXERCISE

The number of Americans who exercise regularly has remained stable over the last seven years. In 1991, as in 1985, slightly over three-quarters (77 percent) of adults say they get some regular exercise. Participation in strenuous exercise, however, has increased slightly over the same period. In 1991, 37 percent of adults report strenuous exercise at least three days a week, up three points from 1983's finding of 34 percent. (See Table 1-1.)

People most likely to get frequent strenuous exercise include men (45 percent), younger adults (49 percent of those aged 18 to 29), college graduates (44 percent) and those with more than $50,000 in annual household income (43 percent). Americans who say they are in excellent health are far more likely to get frequent strenuous workouts (46 percent vs. 29 percent of those in fair or poor health). These patterns have persisted since 1985. (See Table 1-2.)

WEIGHT CONTROL

Americans do not seem to be making any progress in battling excess weight. Sixty-three percent of adults are over the recommended weight range for their build, and 33 percent are at least 10 percent over this range. In 1983, 58 percent of adults were over their recommended weight range, while 30 percent were at least 10 percent over this range.

The number of adults within the recommended weight range has fallen four points since 1983's pioneer Index, from 23 percent to 19 percent. During this time, the proportion of

Table 1-1

FREQUENCY OF STRENUOUS EXERCISE

Base	1983 Survey 1254 %		1985 Survey 1256 %		1987 Survey 1250 %		1988 Survey 1250 %		1989 Survey 1250 %		1990 Survey 1254 %		1991 Survey 1256 %	
Never	24		21		24		19		24		21		21	
Less than 1 day a month	6		8		6		6		6		7		6	
1 to 3 days a month	9		13		10		11		11		14		12	
1 day a week	13		16		14		13		12		12		11	
2 days a week	12		11		11		13		10		12		12	
3 days a week	13	34	13	31	15	35	15	36	15	35	14	34	17	37
4 to 5 days week	9		10		11		12		10		10		9	
6 to 7 days a week	12		8		9		9		10		10		11	

[illegible]

PEOPLE WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

	Base		Exercise Strenuously Three Times Per Week or More
Total	**1256**	**%**	**37**
REGION			
East	303	%	38
South	391	%	39
Midwest	309	%	33
West	253	%	41
SEX			
Male	644	%	45
Female	612	%	31
AGE			
18-29 years	309	%	49
30-39 years	304	%	40
40-49 years	220	%	38
50-64 years	214	%	28
65 and over	201	%	26
EDUCATION			
Not high school graduate	147	%	36
High school graduate	456	%	36
Some college	318	%	34
Four-year college graduate	334	%	44
HOUSEHOLD INCOME			
$7,500 or less	101	%	34
$7,501-$15,000	118	%	32
$15,001-$25,000	230	%	35
$25,001-$35,000	214	%	40
$35,001-$50,000	220	%	38
$50,001 and over	262	%	43
SELF-DESCRIBED HEALTH STATUS			
Excellent	303	%	46
Very good or good	785	%	36
Fair or poor	163	%	29

underweight Americans has remained virtually unchanged (Table 1-3).

More affluent and better educated adults are most apt to be successful in keeping their weight under control, as are those who describe their health as excellent and those who practice a higher number of preventive habits.

Table [illegible]

ADULTS WHO ARE OVERWEIGHT, WITHIN THE RECOMMENDED WEIGHT RANGE, AND UNDERWEIGHT*

Base: Age 25 and older and classifiable

Base	**1983 Survey 995 %**	**1985 Survey 1061 %**	**1987 Survey 1008 %**	**1988 Survey 1031 %**	**1989 Survey 1015 %**	**1990 Survey 1042 %**	**1991 Survey 988 %**
OVERWEIGHT							
Total	58	62	59	64	61	64	63
30% or more above range	6	8	7	8	8	7	7
20-29.9% above range	9	7	8	10	9	9	8
10-19.9% above range	15	14	17	18	17	20	18
5-9.9% above range	13	16	14	15	13	14	14
Up to 4.9% above range	16	16	13	14	13	15	16
Within Recommended Range	23	21	24	21	24	22	19
UNDERWEIGHT							
Total	19	17	16	15	15	14	18
Up to 4.9% below range	9	9	8	8	8	8	10
5-9.9% below range	6	4	5	5	5	4	5
10% or more below range	4	4	3	2	3	2	3

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data.Metropolitan Life Insurance Company tables were used for the classification.Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991).

NUTRITION

Only one in four Americans pays close attention to good eating habits. This group says they "try a lot" to follow at least eight of 11 key diet and nutrition principles. A narrow majority (52 percent) say they try a lot to practice between three and seven of these behaviors, while the remaining fourth (23 percent) follow fewer than three. These measures have changed little since last year. (See Table 2-2.)

A majority of Americans make particular efforts to eat vegetables in the cabbage family (59 percent), get enough vitamins and minerals in foods or in supplements (58 percent), not eat too much fat (57 percent) and eat enough fiber from whole grains, cereals, fruits and vegetables (56 percent).

Table 2-1

TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

Base	**1983 Survey 1254 %**	**1985 Survey 1256 %**	**1987 Survey 1250 %**	**1989 Survey 1250 %**	**1990 Survey 1254 %**	**1991 Survey 1256 %**	**Change Since 1983**
Get enough vitamins and minerals in foods or in supplements	63	63	59	58	59	58	-5
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	59	60	60	59	56	-3
Avoid eating too much fat	55	56	54	58	56	57	+2
Avoid eating too much salt or sodium	53	54	54	52	51	48	-5
Avoid eating too much sugar and sweet food	51	50	49	46	46	43	-8
Get enough calcium in food or in supplements	50	57	54	55	50	48	-2
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	42	42	50	49	50	+8
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	X	37	34	33	32	29	-5*
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	X	33	36	33	33	33	-4*
Eat fish twice a week	X	34	33	28	27	27	-7**
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	X	62	59	61	59	59	-3**

X Not asked.
* Change since 1984.
** Change since 1985.

ADULTS WHO EXERCISE STRENUOUSLY ARE MUCH MORE LIKELY TO BE CAREFUL EATERS THAN THOSE WHO ARE SEDENTARY.

Nearly half of adults say they "try a lot" to avoid eating too many high-cholesterol foods (50 percent), get enough calcium in foods or in supplements (48 percent), avoid eating too much salt or sodium (48 percent), and avoid eating too much sugar and sweet food (43 percent).

The weakest areas of Americans' nutritional efforts (those followed faithfully by one-third or less) are avoiding foods with additives (33 percent), avoiding caffeine (29 percent), and eating fish twice a week (27 percent). (See Table 2-1.)

TRENDS IN EATING

These findings reinforce the fact that many areas of nutrition are receiving decreasing emphasis, while the main focus remains on fat and cholesterol. Since 1983, efforts to limit high-cholesterol foods have climbed eight percentage points, while efforts to limit high-fat foods have risen two points.

Meanwhile, the number of people trying to limit sugar or salt, trying to get enough vitamins and minerals, and trying to consume dietary fiber has decreased considerably.

NUTRITION AND EXERCISE

Most health experts agree that a balanced diet and regular exercise are the keys to overall good health and weight control. The survey shows that adults who exercise strenuously are much more likely to be careful eaters than those who are sedentary. Fully one-third (34 percent) of Americans who exercise strenuously three or more times a week follow at least eight of the primary nutrition behavior items, compared to only half this proportion (18 percent) of those who do not exercise regularly. (See Table 2-2.)

Only 13 percent of Americans practice a high number of good nutrition habits and exercise strenuously. An equal number score highly on nutrition behavior alone. Twice this proportion (25 percent) exercise strenuously without paying close attention to nutrition. This leaves nearly half (49 percent) of Americans who closely adhere to neither good nutrition nor good exercise habits.

Demographic groups who follow each of these behavioral paths differ in several respects. While women and older Americans are more likely to follow many of the nutritional recommendations closely and not exercise strenuously, men and younger Americans are more likely to exercise rigorously without giving careful thought to good nutrition habits.

Table 2-2

NUTRITION INDEX BY EXERCISE BEHAVIOR

Base	Total 1256 %	Those Who Exercise Strenuously Three or More Times Per Week 470 %	Those Who Never Exercise Strenuously 253 %
NUTRITION INDEX*			
High	25	34	18
Medium	52	49	49
Low	23	17	33

*Nutrition index is based on the total number of nutrition behavior items in question 5 which respondents say they "try a lot" to do. Those saying "try a lot" on 8, 9, 10 or 11 items are "high" on the index; those saying "try a lot" on 3, 4, 5, 6, or 7 items are "medium"; those saying "try a lot" on 0, 1, or 2 items are "low".

REGULAR MEDICAL EXAMINATIONS

BLOOD PRESSURE READING

Eighty-five percent of Americans report getting their blood pressure checked at least once a year. This figure represents only a marginal gain of three percentage points over 1983's finding of 82 percent. A more sizeable increase has occurred among those having this reading done more often than once a year, up from 52 percent in 1983 to 57 percent in 1991. (See Table 3-1.)

Older (92 percent of those aged 65+) and wealthier people (92 percent of those with household income over $50,000 annually) are more likely than others to have a blood pressure

Table 3-1

TRENDS IN MEDICAL EXAMS AND TESTS

Base	1983 Survey 1254 %		1985 Survey 1250 %		1987 Survey 1250 %		1988 Survey 1250 %		1990 Survey 1254 %		1991 Survey 1256 %		Change
BLOOD PRESSURE SCREEN													Since 1983
More often than once a year	52	82	59	87	56	84	57	83	56	85	57	85	
Once a year	30		28		28		26		29		28		+3
Every two years	6		5		6		6		4		4		
Every three or four years	2		3		3		1		2		2		
Every five years or less often	3		3		2		3		3		2		
Never	5		2		3		5		5		4		
Not sure	2		1		2		3		2		3		
CHOLESTEROL TEST													Since 1985
More often than once a year	X		20	48	19	45	21	49	22	55	21	56	
Once a year	X		28		26		28		33		34		+8
Every two years	X		7		7		6		8		7		
Every three or four years	X		4		4		4		3		4		
Every five years or less often	X		6		5		5		5		4		
Never	X		29		34		32		26		25		
Not sure	X		5		4		4		3		4		
DENTAL EXAM													Since 1983
More often than once a year	44	71	46	74	50	75	47	71	51	75	51	77	
Once a year	27		28		25		24		25		26		+6
Every two years	8		7		6		8		7		5		
Every three or four years	4		3		4		4		2		2		
Every five years or less often	11		4		4		4		4		5		
Never	11		11		10		11		10		9		
Not sure	3		1		1		2		1		1		

X Not asked.

Table 3-[illegible]

TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Base	1983 Survey 646	1985 Survey 640	1987 Survey 634	1988 Survey 652	1989 Survey 655	1990 Survey 619	1991 Survey 612
%	%	%	%	%	%	%	%
PAP SMEAR							
More often than once a year	18	15	17	15	15	14	15
Once a year	49 } 75	54 } 78	51 } 75	57 } 79	55 } 76	59 } 80	61 } 81
Every two years	8	9	7	7	6	8	6
Every three years	4	3	4	3	6	4	3
Every four or five years	3	3	3	3	4	3	3
Every six years or less often	2	3	3	3	3	2	3
Never	13	12	10	9	10	9	8
Not applicable (vol.)	1	1	2	1	1	1	1
Not sure	2	1	2	2	1	1	1
BREAST SELF-EXAM							
At least once a month	37	48	42	51	44	47	48
Several times a year	30	30	29	24	24	23	27
Once a year	9	8	9	7	9	10	11
Less than once a year	4	3	4	3	4	4	2
Never	15	9	13	12	15	14	10
I never do it — doctor does it (vol.)	2	1	2	1	3	2	1
Not applicable (vol.)	*	–	1	*	*	1	–
Not sure	1	1	1	*	*	*	*

*Less than 0.5%.

reading at least yearly. Other groups more likely to have this reading done annually include women (90 percent), Southerners (89 percent), and Easterners (88 percent). Insured Americans (88 percent) are far more likely than those without health insurance (68 percent) to have this test done at least once a year. (See Table 3-3.)

CHOLESTEROL TESTING

Over half of adults (56 percent) report having a cholesterol test done at least once a year. This proportion is a significant improvement over 1985's finding of 48 percent. (See Table 3-1.)

As with annual blood pressure tests, older and wealthier Americans, women, and individuals with health insurance are more likely than others to have their cholesterol checked annually.

DENTAL CHECK-UPS

The proportion of Americans having a dental check-up at least once a year continues to rise. In 1991, 77 percent of adults report having this exam annually—up two percentage points from 1990 and up six percentage points from 1983. (See Table 3-1.)

People with a higher socioeconomic profile are more likely to have at least annual dental check-ups. Ninety-one percent of adults in households with incomes over $50,000 per year, and 87 percent of those with at least some college education visit their dentist annually, compared to 53 percent of those without a high school degree and 63 percent of those with annual incomes of $7,500 or less. Just as with blood pressure and cholesterol tests, a higher proportion of adults with health insurance (79 percent) than those without coverage (62 percent) have at least annual dental check-ups. (See Table 3-3.)

Americans who have regular blood

Table 3-3

MEDICAL EXAMS OR TESTS BY HEALTH INSURANCE COVERAGE

	Total	Have Health Insurance	Do Not Have Health Insurance
Base	**1256**	**1112**	**143**
	%	%	%
At least annual blood pressure reading	85	88	68
At least annual cholesterol test	56	59	38
At least annual dental check-up	77	79	62
Base (Women only)	**612**	**545**	**66**
	%	%	%
Pap smear at least every one or two years	81	83	72
Monthly breast self-exam	48	46	61
Mammogram at least every two years	47	49	32

pressure and cholesterol tests tend to be older, but younger Americans are likeliest to have a dental check-up at least annually. Eighty-five percent of adults under 40 years of age say they see their dentist yearly, compared with only 60 percent of those aged 65 and over.

PAP SMEAR, BREAST SELF-EXAM, AND MAMMOGRAPHY

Just over eight in 10 adult women (81 percent) say they have a Pap smear test for cancer at least every two years. This figure represents an increase of six percentage points over 1983, and one point over 1990. (See Table 3-2.)

Younger (86 percent of women aged 18 to 39), better educated (86 percent of women with some college education), wealthier women (92 percent of those with annual household income of $50,000+), and those in excellent health (87 percent) are most likely to have Pap smears at least every two years. More than eight in 10 (83 percent) insured women, but a lower 72 percent of uninsured women, have this important test done at least every two years. (See Table 3-3.)

Since 1983, American women have also shown progress in the area of breast self-examination. Now, 48 percent of adult women say they examine their breasts to detect any possible cancer at least once a month. Nine years ago, only 37 percent of women examined their breasts monthly. Although the 1991 finding is only one percentage point above 1990's figure of 47 percent, a more encouraging sign is that the proportion of women who say they *never* do this exam has fallen four points since last year, from 14 percent to 10 percent.

In contrast to the pattern for frequent Pap smear tests, women in lower socioeconomic brackets and those without health insurance are more likely to examine their breasts at least monthly. About six in 10 women with household income of $7,500 or less annually (62 percent), those who lack a high school education (58 percent), and those who have no health insurance coverage (61 percent) say they perform this exam monthly.

In a new question this year, 47 percent of American women report having a mammogram for breast cancer at least every two years. Because an annual mammogram is strongly recommended for women over the age of 50, large differences by age group are not surprising. Fully two-thirds (67 percent) of women aged 40+ say they have a mammogram at least every two years, compared with only 30 percent of women aged 30 to 39, and 17 percent of those aged 18 to 29.

While higher wealth and education levels are clearly associated with a higher likelihood of having a regular Pap smear and a lower likelihood of breast self-examinations, there are no significant differences by household income and education relating to the frequency of having mammograms. But as with Pap smear tests, insured women (49 percent) are more likely than those without coverage (32 percent) to have this test done at least every other year. (See Table 3-3.)

STRESS

Nearly one in five Americans (18 percent) reports feeling under great stress almost every day, two points above 1983's finding of 16 percent. Fourteen percent say they feel great stress several days a week, and 30 percent say they feel stress once or twice a week.

At the low end, the proportion reporting that they feel only a minimal level of stress—less often than once a week—has risen four points in just the last year, from 24 percent to 28 percent.

Most dramatically, the percentage of adults who experience stress at least once a week has risen seven percentage points over the past nine years, from 55 percent in 1983 to 62 percent in 1991. In a similar fashion, the proportion who say they never feel great stress has fallen sharply, from 16 percent in 1983 to nine percent in 1991. (See Table 4-1.)

In 1991, the only significant differences among demographic groups regarding stress levels are for sex and age. More women than men, by a 37 percent to 27 percent margin, say they experience great stress at least

[illegible]

TRENDS IN SOME ASPECTS OF STRESS

Base	1983 Survey 1254 %	1985 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %
FREQUENCY OF STRESS							
Almost every day	16	14	17	18	15	16	18
Several days a week	12	13	15	15	15	16	14
Once or twice a week	27	33	30	30	30	32	30
Less often than once a week	29	30	27	27	26	24	28
Never	16	10	10	9	12	10	9
Not sure	1	1	1	1	1	1	*
STEPS TO CONTROL STRESS							
Yes, take steps to control	59	69	68	69	65	65	66
No, don't take steps	38	31	30	30	34	34	33
Not sure	3	1	1	1	1	1	1
SLEEP							
6 hours or less	25	26	27	28	25	28	26
7-8 hours	64	64	61	62	64	61	62
9 hours or more	10	9	11	11	11	9	11
Not sure	1	*	1	1	*	1	1
SOCIALIZING WITH OTHERS							
Once a week or more	84	85	83	84	85	84	82
Less than once a week	16	15	17	16	14	15	17
Not sure	*	*	1	1	*	*	1

*Less than 0.5%.

several days a week. Younger Americans aged 30 to 39 (39 percent) and 18 to 29 (36 percent) are more likely than older Americans to feel high levels of stress. Only 21 percent of those over age 65 report great stress several days a week.

CONTROLLING STRESS

While the number of Americans experiencing great stress at least once a week has risen seven points since 1983, there has been a parallel jump in the proportion reporting that they are trying to manage this stress. In 1983, 59 percent said they took steps to control or reduce the stress in their lives. In 1991, 66 percent made that claim.

The use of two specific ways of controlling stress—getting adequate sleep and socializing with others—has remained virtually constant over this same period. Sixty-two percent of Americans now report getting the recommended seven or eight hours of sleep per night, compared to 64 percent in 1983. Similarly, just over eight in 10 (82 percent) say they socialize with others at least once a week, compared to 84 percent in 1983. (See Table 4-1.)

College graduates (69 percent), Americans aged 50 to 64 (70 percent), and whites (65 percent) are most likely to report getting seven or eight hours of sleep on a regular basis. The only notable difference among demographic groups for those who socialize weekly, however, is by age. The youngest and oldest groups of adults (those aged 18 to 29 and 65+) are most likely to socialize regularly, while Americans in their most productive years (those aged 30 to 64) are least likely to do so.

MORE WOMEN THAN MEN SAY THEY EXPERIENCE GREAT STRESS AT LEAST SEVERAL DAYS A WEEK.

SMOKING AND TOBACCO USE

Since the first PREVENTION survey in 1983, there has been a slow but steady decline in the number of Americans who smoke cigarettes. In 1983, 30 percent said they smoked. In 1991, 25 percent report this habit.

In contrast to this gradual nine-year fall, however, is the dramatic drop of 18 percentage points since 1974, when 43 percent of Americans smoked cigarettes. (See Table 5-1.)

In a pattern which has persisted over the years, the groups most likely to be nonsmokers are those aged 65 or older (83 percent), those who have a college degree (84 percent), and those with annual household incomes in excess of $50,000 (82 percent).

And as in previous surveys, there is a strong correlation between smoking and self-reported health status. Those who say they are in "excellent" health are far more likely to be nonsmokers (80 percent) than those who say their health is only fair or poor (66 percent). But men are just as likely as women to be nonsmokers.

Overall, three in 10 people report using some form of tobacco. Five percent of adults who don't smoke cigarettes say they smoke a cigar or a pipe or use chewing tobacco.

SMOKING AND HEALTH HABITS

In addition to having a lower socioeconomic status, cigarette smokers are more likely than nonsmokers to practice a number of high-risk behaviors and generally ignore good preventive health practices.

Smokers are less likely than nonsmokers to exercise strenuously at least three times a week, and to drink moderately or not at all. They are [illegible] likely to be underweight (nicotine often acts as an appetite suppressant), to report feeling under stress frequently, and are less likely to get the recommended seven or eight hours of sleep per night. They also have a greater tendency to neglect regular dental check-ups.

Smokers pay less attention than nonsmokers to common diet and nutrition advice. They are less likely to eat enough fiber, to avoid eating too much fat, and to avoid eating too much salt or sodium.

Other high-risk behaviors, such as illegal drug use, having someone in the household who smokes in bed, and not wearing a seat belt when in the front seat of a car are also more common among smokers than among nonsmokers. (See Table 5-2.)

Table 5-1

TRENDS IN SMOKING

	1974 Survey	1975 Survey	1978 Survey	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey
Base	**1407**	**1556**	**1347**	**1252**	**1252**	**1256**	**1250**	**1250**	**1250**	**1250**	**1254**	**1256**
	%	%	%	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	30	28	30	27	28	26	28	26	25
Do not smoke	57	57	61	70	72	70	72	72	74	71	74	75

Note: Because of population growth, the change in the *absolute numbers* of smoking adults can, of course, be less than the change in the *percentage* of smoking adults.

Sources for 1974, 1975 and 1978 data are three national surveys of adults aged 18 and older conducted by Louis Harris and Associates.

Table 5-2

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS: SMOKERS VS. NONSMOKERS

	1991	1991	
	Survey	Smokers	Nonsmokers
Base	1256	321	934
	%	%	%
NONSMOKING AND RESTRICTED USE OF ALCOHOL			
Do not smoke cigarettes	75	–	100
Drink alcohol moderately	50	50	50
(Drink alcohol moderately or do not drink at all)	88	78	92
EXERCISE AND WEIGHT CONTROL			
Get strenuous exercise three or more days a week	37	33	39
Are within the weight range recommended for their height, build, and sex*	19	18	19
Are not overweight*	37	43	35
Are underweight	18	24	16
DIET AND NUTRITION			
Try a lot to get enough vitamins and minerals	58	56	58
Try a lot to eat enough fiber	56	50	58
Try a lot to avoid eating too much fat	57	50	59
Try a lot to avoid eating too much salt or sodium	48	36	52
Try a lot to avoid eating too much sugar and sweet food	43	38	44
Try a lot to get enough calcium	48	46	49
Try a lot to avoid eating too many high-cholesterol foods	50	46	51
Try a lot to avoid caffeine in beverages	29	19	32
CONTROL OF STRESS			
Feel under great stress frequently	32	37	30
Socialize with friends or relatives once a week or more	82	81	83
Get seven or eight hours sleep most nights	62	59	64
Take specific steps to control or reduce stress	66	67	66
PERIODIC EXAMINATIONS AND TESTS			
Have a blood pressure reading at least once a year	85	83	86
Have a dental check-up at least once a year	77	70	79
Have a blood test for cholesterol	56	53	57
SAFETY PRECAUTIONS			
Say that no one in their home smokes in bed	87	81	90
Say they take specific steps to avoid accidents in and around the home	82	81	82
Say they have a smoke detector in their home	88	87	89
Drivers who say they drive at or below the speed limit all the time**	48	52	47
Drivers who say they either never drive after drinking or don't drink at all**	79	79	79
Say they wear seat belts all the time when in the front seat of a car	69	61	72
Never tried illegal drugs, such as marijuana, speed and downers	95	89	97

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data.Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991).

**Base: Drivers only (1146).

ALCOHOL AND DRUG USE

ALCOHOL USE

Thirty-nine percent of Americans say they never consume alcoholic beverages. This represents a five-point increase over 1983's finding of 34 percent, and a two-point rise over last year's finding of 37 percent.

The drop in alcohol consumption has occurred primarily among moderate drinkers. Half of American adults say they drink, on average, one to three drinks on a day they drink alcohol, compared with 54 percent reporting that level of consumption nine years ago. The proportion of heavy drinkers—those who drink at least four drinks on a day they consume alcohol—has remained at a

Table 6-1

TRENDS IN USE OF ALCOHOL AND DRUGS

Base	1983 Survey 1254 %		1985 Survey 1256 %		1987 Survey 1250 %		1989 Survey 1250 %		1990 Survey 1254 %		1991 Survey 1256 %	
FREQUENCY OF ALCOHOL CONSUMPTION												
Never	34		33		36		39		37		39	
Less than 1 day a month	16		15		13		16		13		16	
1 to 3 days a month	16	65	20	66	19	64	16	60	20	63	20	61
1 to 2 days a week	19		19		21		18		18		15	
3 to 4 days a week	7		6		5		5		6		5	
5 to 6 days a week	2		2		1		2		2		1	
Daily/7 days a week	6		4		5		5		5		4	
Not sure	*		*		*		*		*		*	
QUANTITY OF ALCOHOL CONSUMPTION												
1 drink	21	54	22	55	21	50	23	50	20	51	21	50
2 drinks	22		23		20		18		20		20	
3 drinks	10		10		9		9		11		9	
4 drinks	5		4		6		4		4		4	
5 or more drinks	6		7		8		5		7		7	
Not sure	1		*		*		1		*		*	
ILLEGAL DRUG USE												
Frequently	X		2		*		1		1		1	
Sometimes	X		7		1		1		1		1	
Only occasionally**	X		X		4		4		2		3	
Never	X		91		94		94		96		95	
Not sure	X		*		–		–		–		–	

X Not asked.
*Less than 0.5%.
**The "only occasionally" category has been added since 1987.

Table 6-2

PEOPLE WHO RESTRICT THEIR ALCOHOL USE

		Base		Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*
Total		**1256**	%	**39**	**81**
REGION	East	303	%	30	83
	South	391	%	48	83
	Midwest	309	%	38	84
	West	253	%	35	74
URBANISM	Central city	415	%	36	78
	Rest of metropolitan area	563	%	34	82
	Outside metropolitan area	278	%	52	85
SEX	Male	644	%	30	73
	Female	612	%	47	91
RACE	White	1071	%	36	82
	Black	94	%	44	89
	Hispanic	57	%	49	64
AGE	18-29 years	309	%	28	70
	30-39 years	304	%	32	80
	40-49 years	220	%	37	87
	50-64 years	214	%	45	90
	65 and over	201	%	60	92
EDUCATION	Not high school graduate	147	%	56	62
	High school graduate	456	%	43	79
	Some college	318	%	37	82
	Four-year college graduate	334	%	25	89
HOUSEHOLD INCOME	$7,500 or less	101	%	64	73
	$7,501-$15,000	118	%	43	81
	$15,001-$25,000	230	%	39	74
	$25,001-$35,000	214	%	33	85
	$35,001-$50,000	220	%	35	83
	$50,001 and over	262	%	26	84
SELF-DESCRIBED HEALTH STATUS	Excellent	303	%	37	78
	Very good or good	785	%	36	83
	Fair or poor	163	%	52	78
STRESS CONTROL	Take steps to control stress	832	%	39	84
	Do not take steps	417	%	37	75
FEELING OF STRESS	Feel stress at least several days a week	403	%	34	81
	Feel stress less often	847	%	41	81

*Based on the 61% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

NONDRINKERS ARE FAR MORE LIKELY THAN DRINKERS TO BE OLDER, LESS EDUCATED, AND LESS AFFLUENT.

consistent 11 percent over the same period. (See Table 6-1.)

Nondrinkers are far more likely than drinkers to be older, less educated, and less affluent. A majority of Americans with annual household incomes of $7,500 or less (64 percent), those without a high school degree (56 percent), and those aged 65 and over (60 percent) say they never drink alcohol. But only about one-quarter of those with yearly household incomes over $50,000 (26 percent), college graduates (25 percent), and those aged 18 to 29 (28 percent) practice abstinence.

Southerners (48 percent), residents of rural areas (52 percent), and women (47 percent) are more likely than residents of the East (30 percent), West (35 percent), Midwest (38 percent), and of urban (36 percent) and suburban areas (34 percent), and men (30 percent) to be nondrinkers. Also, over half of those in fair or poor health say they are nondrinkers, compared with just over one-third of adults who rate their health more highly.

The groups most likely to be moderate drinkers—those who drink one to three drinks on a day they consume alcohol—are better educated (89 percent of college graduates) and wealthier (84 percent of people with annual household incomes over $25,000). Consistent with the pattern established among nondrinkers, however, is the greater tendency to drink moderately among women (91 percent) than among men (73 percent). (See Table 6-2.)

DRUG USE

After five years of improvement, the proportion of Americans who report they "never use any recreational* drugs such as marijuana, speed, and downers" has not changed significantly. Ninety-five percent of adults say they never use such drugs, a rise of four points over 1985's finding of 91 percent, and not significantly different from last year's high of 96 percent. (See Table 6-1.)

This change in illegal drug use, although slight, confirms the findings of a study done by the National Institute on Drug Abuse from hospital reports. The study says that use of cocaine and heroin is increasing, and increases are most common in inner cities and among those aged 35 years and older.

As noted in previous PREVENTION studies, drug use is more prevalent among younger adults. Ninety-eight percent of Americans who are at least 40 years of age say they never use illegal drugs, compared to 91 percent of those aged 18 to 29.

This year's findings also represent a reverse in the recent trend of young adults away from illegal drugs. In 1990, 95 percent of Americans aged 18 to 29 reported never using such drugs; in 1991, this proportion fell to 91 percent. This figure is, however, 12 points higher than the 79 percent finding in 1984.

RELATING ALCOHOL, TOBACCO AND DRUG USE

Previous surveys have noted that alcohol and cigarette use are clearly related. Eighty percent of nondrinkers do not smoke, compared to 71 percent of drinkers. Similarly, 42 percent of nonsmokers do not drink alcohol, while only 30 percent of smokers are teetotalers.

Smokers are not only more likely to be drinkers, they are also more likely to drink heavily when they do consume alcohol. Sixty-nine percent of smokers drink moderately, while 86 percent of nonsmokers do so.

Less pronounced, though still evident, is the greater tendency among smokers and drinkers to use illegal drugs. Ninety-seven percent of nonsmokers and 98 percent of nondrinkers say they never use illegal drugs, compared with 89 percent of smokers and 93 percent of drinkers.

*The word "recreational" is used in the survey to encourage accurate and truthful responses and in no way should be taken to represent the opinion of Louis Harris and Associates, Inc. or PREVENTION Magazine.

HOME SAFETY PRECAUTIONS

The most striking change in home safety has been in the use of smoke detectors. Nearly nine in 10 Americans (88 percent) report having a smoke detector in their homes, up two percentage points since last year, but up an astonishing 21 points since 1983, when just 67 percent of homes had smoke detectors. (See Table 7-1.)

Adults who have a higher socioeconomic status and those under the age of 65 are most likely to report having a smoke detector in their homes. Ninety-four percent of Americans with a college degree, and 93 percent of those whose annual income exceeds $35,000 report having smoke detectors, compared with 83 percent of those without a high school degree, and 84 percent of those with yearly household incomes below $15,000. Similarly, 89 percent of adults under 65 say their home is equipped with a smoke detector, compared with 83 percent of those aged 65 and over.

Although Easterners (91 percent) and Midwesterners (93 percent) are more likely than Westerners (85 percent) and Southerners (85 percent) to say their home is equipped with a smoke detector, differences by region have lessened as the use of smoke detectors has increased.

HOME ACCIDENTS AND FIRES

The proportion of Americans saying they take special steps or precautions to avoid accidents in and around their homes has risen 10 points since 1983, from 72 percent to 82 percent. This year's finding is up four points over 1990, but is just one point higher than the 81 percent finding in 1987. (See Table 7-1.)

In past surveys, lower socioeconomic groups were more likely to try to avoid home accidents. In this year's study, however, differences by education and wealth, along with other demographic measures, were not statistically meaningful.

Over the past year there has been no significant change in the percentage who say that someone in their household smokes in bed. (Smoking in bed is the main cause of domestic fires.) In 1991, eight percent replied positively to this question, compared to nine percent in 1990. While this year's figure of eight percent represents a decrease of only three points since 1983, the change is still notable given such a low starting base. (See Table 7-1.)

Table 7-1

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Base	1983 Survey 1251 %	1987 Survey 1250 %	1988 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	Change Since 1983
PRECAUTIONS AT HOME							
Yes, take steps	72	81	82	80	78	82	+10
SMOKE DETECTOR							
Have a smoke detector	67	82	81	85	86	88	+21
SMOKING IN BED							
Yes, someone smokes in bed	11	8	10	10	9	8	-3

AUTO SAFETY

SEAT BELT USE

Seat belt use has reached the highest level ever recorded in the PREVENTION surveys. Sixty-nine percent of Americans say they wear a seat belt all the time when in the front seat of a car, up from 65 percent in 1990. Far more spectacular is the rise of 50 percentage points from the 19 percent recorded in 1983. (See Table 8-1.)

This dramatic change in behavior over the past nine years can be attributed, in large part, to mandatory seat belt laws. In 1985, when 41 percent of Americans said they always wore seat belts, only nine states had seat belt legislation. In 1991, when 69 percent report wearing seat belts all the time, 40 states have mandatory seat belt laws.

The impact of laws is also evident in the difference between people residing in states with seat belt laws, and those living in states without such laws. Seventy-one percent of those

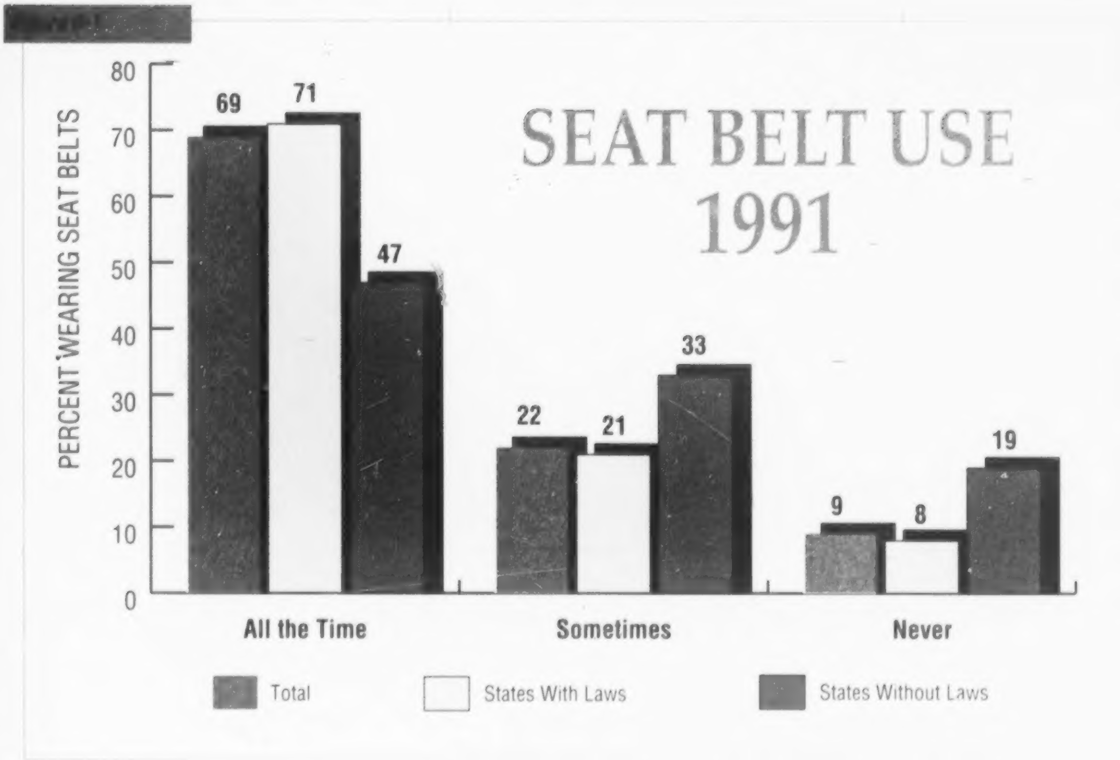
Table 8-1

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Base	**1983 Survey 1251 %**	**1985 Survey 1256 %**	**1987 Survey 1250 %**	**1988 Survey 1250 %**	**1989 Survey 1250 %**	**1990 Survey 1254 %**	**1991 Survey 1256 %**
WEARING SEAT BELTS							
All the time	19	41	57	60	63	65	69
Sometimes	26	31	27	26	26	23	22
Never	53	28	15	13	11	11	9
Not applicable (vol.)	1	*	*	1	*	*	*
Not sure	*	*	*	–	*	1	–

Base: (Drivers Only)	**1983 Survey 1097 %**	**1985 Survey 1102 %**	**1987 Survey 1115 %**	**1988 Survey 1117 %**	**1989 Survey 1121 %**	**1990 Survey 1148 %**	**1991 Survey 1146 %**
DRIVING AT OR BELOW SPEED LIMIT							
All the time	56	50	50	51	49	48	48
Sometimes	38	45	45	44	46	45	46
Never	5	5	4	5	5	5	5
Not sure	*	*	–	–	1	1	1
DRIVING AFTER DRINKING							
All the time	5	3	2	3	2	2	2
Sometimes	25	25	23	19	19	18	19
Never	52	59	49	60	56	61	62
Don't drink (vol.)	16	12	25	18	23	18	17
Not sure	2	1	*	*	*	*	*

*Less than 0.5%.



living in states with laws say they always buckle up, compared with only 47 percent of those in states without laws. (See Figure 8-1.)

And the correlation between seat belt usage and seat belt laws has strengthened since 1990, as the gap between seat belt usage in states with and without these laws has widened from 15 percentage points to 24 points.

The groups least likely to wear seat belts when in the front seat of a car continue to be younger, less educated and less affluent Americans. Those living in the East and in rural areas are also less likely to be vigilant in this respect. In contrast, Westerners, women and college graduates are most likely to always buckle up. (See Table 8-2.)

OBEYING THE SPEED LIMIT

While Americans have made sharp gains in seat belt usage, obedience to the speed limit has declined over the same period. In 1991, as in 1990, 48 percent of drivers said they drive within the speed limit all the time, an eight percentage point drop from 1983's finding of 56 percent. (See Table 8-1.)

SPEED
LIMIT
55

Age appears to have a far more profound effect on whether a person obeys the speed limit than on whether a person uses a seat belt. While two-thirds of those aged 65 and over (66 percent) report never exceeding the speed limit, only one-third of adults under 30 report equally prudent behavior. In contrast, these two groups differ on seat belt usage by a mere five percentage points (71 percent vs. 66 percent). (See Table 8-2.)

In an opposite pattern to seat belt usage, wealthier and better educated Americans are far more likely than their less fortunate counterparts to violate speed limits. This difference is especially pronounced for household income. Only 37 percent of those earning over $50,000 per year say they never speed, compared with 63 percent of those earning $7,500 or less. Also, Midwesterners are less likely to speed than drivers from the East, South, or West.

DRIVING AFTER DRINKING

Despite slips in observing the speed limit, this year's survey continues to show good news in the area of driving after drinking. Sixty-two percent of Americans say they never drive after drinking, up 10 percentage points since 1983. Nearly one-fifth (19 percent) of drivers say they "sometimes" drive after drinking, and a hard core two percent say they always drive after drinking. An additional 17 percent of drivers say they never drink. (See Table 8-1.)

Among drivers, men, those aged 30 to 49, and people with household incomes of more than $50,000 a year are most likely to drink and drive.

Table 8-2

PEOPLE WHO TAKE AUTO SAFETY PRECAUTIONS

	Base		Wear Seat Belt All the Time In Front Seat of Car	Base: Those Who Drive		Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**
Total	**1256**	**%**	**69**	**1146**	**%**	**48**	**79**
REGION							
East	303	%	64	265	%	44	78
South	391	%	69	367	%	47	81
Midwest	309	%	69	287	%	57	79
West	253	%	76	227	%	45	78
URBANISM							
Central City	415	%	73	362	%	48	78
Rest of metropolitan area	563	%	72	527	%	46	79
Outside metropolitan area	278	%	58	257	%	52	87
SEX							
Male	644	%	66	608	%	44	71
Female	612	%	72	538	%	52	87
RACE							
White	1071	%	69	994	%	48	78
Black	94	%	67	76	%	51	79
Hispanic	57	%	75	49	%	42	87
AGE							
18-29 years	309	%	66	282	%	33	81
30-39 years	304	%	69	282	%	48	74
40-49 years	220	%	70	210	%	48	74
50-64 years	214	%	72	196	%	56	80
65 and over	201	%	71	169	%	66	91
EDUCATION							
Not high school graduate	147	%	68	111	%	52	82
High school graduate	456	%	62	419	%	54	85
Some college	318	%	70	296	%	45	78
Four-year college graduate	334	%	80	320	%	42	80
HOUSEHOLD INCOME							
$7,500 or less	101	%	65	79	%	63	89
$7,501-$15,000	118	%	68	106	%	51	89
$15,001-$25,000	230	%	69	207	%	54	81
$25,001-$35,000	214	%	70	198	%	45	74
$35,001-$50,000	220	%	70	212	%	46	77
$50,001 and over	262	%	73	258	%	37	71

*Drivers who drive at or below the speed limit all the time.

**Drivers who never drive after drinking, or never drink.

HEALTH INSURANCE

With rapidly rising health care costs, declining access, and insecurity about continued coverage, the issue of health insurance has become increasingly visible in recent years.

Eighty-seven percent of Americans report that they currently have health insurance. Thirteen percent say they do not.

The least advantaged and youngest adults are most likely to be without health insurance. Especially high proportions of Hispanics (41 percent), individuals without a high school degree (22 percent), those with annual household incomes of $7,500 or less (25 percent), and those aged 18 to 29 (18 percent) and 30 to 39 (17 percent) lack health insurance. The Western region of the country—with a large Hispanic population—has 24 percent of adults uninsured, a much higher figure than the other regions of the U.S. (See Table 9-1.)

Unfortunately, Americans who pay the least attention to good health habits are also less likely to be insured. Twenty-one percent of those who practice no more than half of the recommended preventive habits, 19 percent of cigarette smokers, 18 percent of those in only fair or poor health, and 24 percent of those who use illegal drugs have no health insurance.

SUPPORT FOR UNIVERSAL HEALTH INSURANCE

A strong majority of adults favor health insurance for all groups in society. Seventy-four percent support the idea of "health insurance for all Americans, funded by tax dollars."

Table 9-1

AMERICANS WHO HAVE HEALTH INSURANCE

	Base		Yes	No
Total	**1256**	**%**	**87**	**13**
REGION				
East	303	%	88	12
South	391	%	88	12
Midwest	309	%	93	7
West	253	%	76	24
URBANISM				
Urban	415	%	84	16
Suburban	563	%	87	13
Rural	278	%	90	10
RACE				
White	1071	%	89	11
Black	94	%	89	11
Hispanic	57	%	59	41
AGE				
18-29 years	309	%	82	18
30-39 years	304	%	83	17
40-49 years	220	%	88	12
50-64 years	214	%	89	11
65 and over	201	%	95	5
EDUCATION				
Not high school graduate	147	%	78	22
High school graduate	456	%	85	15
Some college	318	%	88	12
Four-year college graduate	334	%	94	6
HOUSEHOLD INCOME				
$7,500 or less	101	%	75	25
$7,501-$15,000	118	%	81	19
$15,001-$25,000	230	%	80	20
$25,001-$35,000	214	%	89	11
$35,001-$50,000	220	%	92	8
$50,001 and over	262	%	93	6

Table 9-2

SUPPORT FOR UNIVERSAL HEALTH COVERAGE FUNDED BY TAX DOLLARS

	Base		Support	Oppose	Not Sure
Total	**1256**	%	**74**	**19**	**7**
RACE					
White	1071	%	73	21	6
Black	94	%	82	10	8
Hispanic	57	%	83	17	–
AGE					
18-29 years	309	%	76	21	3
30-39 years	304	%	78	17	5
40-49 years	220	%	72	24	4
50-64 years	214	%	73	18	9
65 and over	201	%	68	18	14
HOUSEHOLD INCOME					
$7,500 or less	101	%	71	17	12
$7,501-$15,000	118	%	81	13	6
$15,001-$25,000	230	%	80	14	6
$25,001-$35,000	214	%	76	18	6
$35,001-$50,000	220	%	73	23	4
$50,001 and over	262	%	70	25	5
CIGARETTE SMOKER					
Yes	321	%	81	15	4
No	934	%	72	21	8

Table 9-3

WHETHER [illegible] SUPPORT UNIVERSAL HEALTH INSURANCE AND SOUGHT PREVENTIVE CARE, BY HEALTH INSURANCE COVERAGE

		Total	Have Health Insurance	Do Not Have Health Insurance
Base		**1256**	**1112**	**143**
		%	%	%
UNIVERSAL HEALTH INSURANCE FOR ALL AMERICANS				
	Support	74	73	81
	Oppose	19	20	15
	Not sure	7	7	7
SOUGHT PREVENTIVE CARE FROM DOCTOR IN PAST YEAR				
	Yes	42	46	23
	No	57	54	77
	Not sure	*	1	–

*Less than 0.5%

Nineteen percent oppose it, while seven percent are not sure. (See Table 9-2.)

Support for universal coverage is widespread among all groups, but is stronger among those most likely to benefit from it. For example, 81 percent of the uninsured support this measure, compared with 73 percent of insured people. (See Table 9-3.) Higher proportions of Hispanics (83 percent), blacks (82 percent), those with household incomes between $7,501 and $25,000 (80 percent), and adults under age 40 (77 percent) back tax-supported universal coverage. Eighty-one percent of cigarette smokers, with their higher health risks, support insurance for all, compared to 72 percent of nonsmokers.

PREVENTIVE CARE FROM A DOCTOR

For those who have access to medical services, preventive care is a highly recommended way of avoiding health problems before they occur. Forty-two percent of adults say they have visited a doctor for preventive service in the last year, apart from when they were sick. (See Table 9-4.)

Twice as many insured (46 percent) as uninsured (23 percent) Americans report having received preventive care in the past year. (See Table 9-3.) Adults aged 65 and over (58 percent), individuals with better educations (55 percent of college graduates) and greater wealth (54 percent of those with annual household incomes over $50,000) are more likely than others to have visited a doctor for preventive care. A larger proportion of women (50 percent) than of men (34 percent) and of whites (46 percent) than of Hispanics (32 percent) and blacks (28 percent) have done the same.

Predictably, attention to good health habits has an impact on whether a person seeks preventive care from a doctor. A majority (56 percent) of Americans who practice at least 75 percent of the key preventive habits say they sought preventive care from a doctor in the last year, but only 30 percent of those who practice fewer than half did so. Similarly, a higher proportion of adults who are either moderate drinkers or who do not drink at all (44 percent) than of heavy drinkers (27 percent) report having sought preventive care. (See Table 9-4.)

Many forms of health insurance do not provide reimbursement for preventive care, which helps explain why only 46 percent of insured individuals sought such care. Nonetheless, insurance appears to have a significant impact, because only 26 percent of uninsured people sought preventive care.

THE LEAST ADVANTAGED AND YOUNGEST ADULTS ARE MOST LIKELY TO BE WITHOUT HEALTH INSURANCE.

Table 9-4

WHETHER AMERICANS SOUGHT PREVENTIVE CARE IN THE PAST YEAR

	Base		Yes	No
Total	**1256**	%	**42**	**57**
SEX				
Male	644	%	34	65
Female	612	%	50	50
RACE				
White	1071	%	46	54
Black	94	%	28	71
Hispanic	57	%	32	68
AGE				
18-29 years	309	%	31	69
30-39 years	304	%	37	63
40-49 years	220	%	50	49
50-64 years	214	%	46	52
65 and over	201	%	58	42
EDUCATION				
Not high school graduate	147	%	32	67
High school graduate	456	%	37	63
Some college	318	%	44	56
Four-year college graduate	334	%	55	45
HOUSEHOLD INCOME				
$7,500 or less	101	%	29	70
$7,501-$15,000	118	%	46	54
$15,001-$25,000	230	%	39	60
$25,001-$35,000	214	%	44	56
$35,001-$50,000	220	%	38	61
$50,001 and over	262	%	54	46
PREVENTIVE HABITS				
Those who practice 76% to 100%	302	%	56	44
Those who practice 51% to 75%	707	%	41	59
Those who practice 0% to 50%	247	%	30	69
ALCOHOL CONSUMPTION				
Never or moderate	1102	%	44	55
Heavy	145	%	27	72

MEDICINE USE AND LABEL READING

OVER-THE-COUNTER DRUGS

In this year's survey, for the first time, respondents were asked about their use of medicines, and their understanding of medicine labels.* Eighty-two percent of American adults say that they use over-the-counter medications. Fourteen percent use them often, 35 percent occasionally, and 34 percent rarely. Seventeen percent say they never use them. (See Table 10-1.) Women and people over the age of 50 are most likely to use these medicines often.

Of the people who buy non-prescription medicines, 90 percent say they read the information on the labels. But 12 percent say they don't understand what they read. The people least likely to understand the label include those 65+ (17 percent), those without a high school diploma (27 percent), and those in households with annual income below $35,000 (15 percent). (See Table 10-2.)

When they don't understand the label on an over-the-counter medication, 71 percent of adults ask for help, while 29 percent do not. The primary sources of help are pharmacists (71 percent ask them), family members (15 percent) and doctors (10 percent).

PRESCRIPTION DRUGS

Eighty-five percent of Americans say they buy prescription drugs—22 percent often, 25 percent occasionally, and 38 percent rarely. Fifteen percent say they never use them. (See Table 10-1.)

Groups most likely to report that they often take prescription drugs include Easterners (25 percent), women (28 percent, compared to 15 percent of men), and those over age 50 (38 percent vs. 14 percent of those under age 50).

Of people who use prescription drugs, 91 percent say they read the labels. One in 10 of these people, however, doesn't understand the label information. Misunderstanding is greatest among Easterners (14 percent), men (12 percent) and those without a high school diploma (16 percent). (See Table 10-2.)

People who don't understand label information on prescription drugs are more likely to ask for help than those who are confused by labels on over-the-counter medicines, by an 83 percent to 71 percent margin. Doctors are the primary source of help for 43 percent of prescription drug users, pharmacists for 38 percent, and other family members for 18 percent.

Table 10-1

USE OF OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Base: 1256	Over-the-Counter %	Prescription %
Often	14	22
Occasionally	35	25
Rarely	34	38
Never	17	14
Not sure	1	1

NINETY-ONE PERCENT OF ADULTS WHO BUY OVER-THE-COUNTER MEDICATIONS SAY THEY KNOW WHAT TO LOOK FOR AS EVIDENCE OF TAMPERING.

TAMPERING

Among adults who buy over-the-counter medications, 91 percent say they know what to look for as evidence of tampering. And 92 percent of this group say that when they buy over-the-counter medicines, they check their purchase for any such evidence.

Men, adults under age 30 or over 65, and those who never finished high school are least likely to know what to look for as evidence of tampering. Of those who know what to look for, Southerners, women, and people over age 65 are most likely to actually check for tampering.

Table 10-2

PEOPLE WHO DON'T UNDERSTAND MEDICINE LABELS

	Base	Don't Understand Over-the-Counter Medicine Label	Base	Don't Understand Prescription Medicine Label
		%		%
Total	**932***	**12**	**976****	**10**
REGION				
East	224	11	241	14
South	299	16	316	9
Midwest	215	8	226	7
West	193	11	194	9
SEX				
Male	412	11	435	12
Female	520	13	541	8
AGE				
18-29 years	237	13	238	10
30-39 years	245	12	242	13
40-49 years	173	8	180	7
50-64 years	147	10	161	9
65 and over	124	17	151	9
EDUCATION				
Not high school graduate	110	27	133	16
High school graduate	338	12	351	11
Some college	243	10	243	7
Four-year college graduate	240	6	247	7

*Read information on labels of over-the-counter medicines.
**Read information on labels of prescription medicines.

USE OF OTHER PEOPLE'S PRESCRIPTION DRUGS

Twenty percent of American adults say that in the past five years they have used drugs prescribed for someone else. About one-third of these people say they have done so once, another third say they have done so twice, and the final third report three or more instances of using another person's prescription drugs.

Groups most likely to take someone else's prescription drugs present a rather unusual mix: Southerners (23 percent), Westerners (25 percent), women (22 percent), and those in households with annual incomes above $50,000 (24 percent). People with college degrees or some college experience are more likely to take drugs prescribed for someone else than those with only a high school education or less (24 percent vs. 16 percent), and people under age 50 are more than twice as likely as those over age 50 to do so (26 percent vs. 10 percent).

*This section of the survey was done in consultation with the Council on Family Health.

[illegible] FOUR PREVENTIVE BEHAVIOR ITEMS (1983-1991)

Base	1983 Survey 1254 %	1985 Survey 1256 %	1987 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	Percentage Point Change from 1983 to 1991	Percentage Point Change from 1990 to 1991
NONSMOKING AND RESTRICTED USE OF ALCOHOL								
Do not smoke cigarettes	70	70	72	72	74	75	+5	+1
Drink alcohol moderately	54	55	50	51	51	50	-4	-1
(Drink alcohol moderately or do not drink at all)	88	88	86	90	88	88	0	0
EXERCISE AND WEIGHT CONTROL								
Get strenuous exercise three or more days a week	34	31	35	35	34	37	+3	+3
Are within the weight range recommended for their height, build, and sex*	23	21	24	24	22	23	0	+1
Are not overweight*	42	38	40	39	36	37	-5	+1
DIET AND NUTRITION								
Try a lot to get enough vitamins and minerals	63	63	59	58	59	58	-5	-1
Try a lot to eat enough fiber	59	59	60	60	59	56	-3	-3
Try a lot to avoid eating too much fat	55	56	54	58	56	57	+2	+1
Try a lot to avoid eating too much salt or sodium	53	54	54	52	51	48	-5	-3
Try a lot to avoid eating too much sugar and sweet food	51	50	49	46	46	43	-8	-3
Try a lot to get enough calcium	50	57	54	55	50	48	-2	-2
Try a lot to avoid eating too many high-cholesterol foods	42	42	42	50	49	50	+8	+1
CONTROL OF STRESS								
Socialize with friends or relatives once a week or more	84	85	83	85	84	82	-2	-2
Get seven or eight hours sleep most nights	64	64	61	64	61	62	-2	+1
Take specific steps to control or reduce stress	59	69	68	65	65	66	+7	+1
PERIODIC EXAMINATIONS AND TESTS								
Have a blood pressure reading at least once a year	82	87	84	84	85	85	+3	0
Have a dental check-up at least once a year	71	74	75	75	75	77	+6	+2
Women who have a Pap smear test at least every one or two years	75	78	75	76	80	81	+6	+1
Women who examine their breasts at least once each month for signs of cancer	37	48	42	44	47	48	+11	+1
SAFETY PRECAUTIONS								
Say that no one in their home smokes in bed	88	91	92	90	88	87	-1	-1
Say they take specific steps to avoid accidents in and around the home	72	80	81	80	78	82	+10	+4
Say they have a smoke detector in their home	67	76	82	85	86	88	+21	+2
Drivers who say they drive at or below the speed limit all the time	56	50	50	49	48	48	-8	0
Drivers who say they either never drive after drinking or don't drink at all	68	71	74	79	79	79	+11	0
Say they wear seat belts all the time when in the front seat of a car	19	41	57	63	65	69	+50	+4

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991).

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

The Prevention Index is developed from information collected by Louis Harris and Associates in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,256 adults in the continental United States 18 years of age and older.
2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.

Twenty one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:

1. A documented relationship between the health behavior and disease or disability as published in the professional literature.
2. Behaviors that are relevant to the entire adult population.
3. Behaviors that can be controlled or affected by individuals. (This meant excluding some important environmental determinants of health such as exposure to air pollution or industrial toxins.)

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for example, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations. For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or of trying a lot (restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;
2. Adding the 21 products together;
3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available from PREVENTION Magazine.

FOR FURTHER INFORMATION, CONTACT

Milly Lalik
The Prevention Index
33 E. Minor Street
Emmaus, PA 18098
(215) 967-8249

OR

Susan Barnett
Research Associate
Louis Harris & Associates, Inc.
630 Fifth Avenue
New York, NY 10111
(212) 698-9600

A NOTE ON SURVEY METHODS

The 1991 survey data in this report are based on interviews with 1,256 randomly selected adults across the country, conducted by telephone from November 20, 1991 to December 5, 1991. The overall completion rate for this survey was 58 percent of eligible households reached. The 42 percent noncompletion rate includes initial refusals, plus terminations during the course of the interview.

All nine surveys from 1983 to 1991 followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for subgroup variations in telephone penetration and nonresponse rates.

AMERICA'S LEADING HEALTH MAGAZINE

PREVENTION